## FLORICA PAY TELEPHONE CERTIFICATE APPLICATION

SIMO	THE APPLICANT	96129	14.70				
	HICH THE APPLICANT WILL DO BUSINESS						
ADDRESS OF T	HE APPLICANT(S)						
STREET	7321 JOHNSON ST		90				
CITY	Hollywood						
STATE & ZIP	FloRIDA, 33024		AL 15				
TYPE OF ORGA	NIZATION (CHECK ONE)		DCT 15 MILE				
A. INDIVI	DUAL DOING BUSINESS UNDER HIS/HER:	[ ]	74 = 29				
DOCUMENTATIO	N: No other documentation needed.						
B. PARTN	ERSHIP:	[]					
DOCUMENTATIO	DOCUMENTATION: Attach a copy of the partnership agreement, and a li- with the name and address of all partners.						
c. CORPOR	ATION:	[ ]					
filed with outside of F applicant ha	DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporate outside of Florida, attach proof from the Florida Secretary of State the applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.						
NAME			_				
ADDRESS			-				
D. DOING	BUSINESS UNDER A FICTITIOUS NAME:	ìΧ	-				
DOCUMENTATIO	N: Attach proof that fictitious name Secretary of States Office.	has been re	gistered wi				

FORM PSC/CMU 32 (R3-93) PAGE 2 OF 5 REQUIRED BY COMMISSION RULE NO. 25-24.511

I 1007 OCT 15 %

FPSC-RECORDS/REPORTING

PROV	VIDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUA PONSIBLE FOR COMMISSION CONTACTS:	AL WHO IS	
NAME	SIMON RUIZ		
TITL	LE: OWNER		
PHON	NE: 954 983 2499		
THE	APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETCASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE REEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE RIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERT	STATE OF	
N	00		
IF	THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND TIFICATE HOLDER AND CERTIFICATE NUMBER.	LIST THE	
	tis is THE TIRST TIME, I'M		
A-F	PPlying FOR A CERTIFICATE		
LIST	T THE STATES IN WHICH THE APPLICANT:		
Α.	IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE		
	70		
В.	HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY PROVIDER.	TELEPHONE	
	I'M SENDING THIS APPLICATION		
C.	HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE EXPLAIN CIRCUMSTANCES.	PROVIDER.	!
	<i>N</i> 0		

	D.	HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.
9.	PLEAS	E CHECK THE SERVICES THAT WILL BE PROVIDED:
	COIN CALLII CREDI	DISTANCE [X]  NG CARD [X]  T CARD [X]  T CARD [X]  DESCRIBE [X]
10.	PROPO IN TH	SED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE FIRST YEAR: 5
11.	HOW D	DES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?
	PART-	NALLY TIME TECHNICIAN [ ] TIME TECHNICIAN [ ] CE/REPAIR/MAINTENANCE CONTRACT [ ] , DESCRIBE [ ]
12.	TO ALI	EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+0, 950-XXXX, AND (See Rule 25-24.515(6), F.A.C.
13.	SUBSE STAND AND US	EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO CTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIONAL ARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE SABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 25-5(14), F.A.C.)

## APPLICANT ACKNOWLEDGEMENT CARD

Applicant SIMON RUIZ	
I acknowledge receipt and understanding Service Commission's Rules and Requirements of Pay Telephone Service.  Signature	of the Florida Public relating to my provision
Signature	
Title OWNER	
Date 10-10-96	

THIS MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 27, 1996

DEPOSIT TREAS, REC.

DATE

MARLINS COMMUNICATION 7321 JOHNSON ST. HOLLYWOOD, FL 33024 D385 -- - OCT 15'96'

Subject: MARLINS COMMUNICATION

REGISTRATION NUMBER: G96270000046

This will acknowledge the filing of the above fictitious name registration which was registered on September 26, 1996. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between July 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Should you have any questions regarding this matter you may contact our office at (904) 487-6058.

Fictitious Name Section Division of Corporations Letter No. 596A00044628



## FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

September 27, 1996

DEPOSIT TREAS. REC.

961244-TC

DATE

65

MARLINS COMMUNICATION 7321 JOHNSON ST. HOLLYWOOD, FL 33024 Subject: MARLINS COMMUNICATION

REGISTRATION NUMBER: G96270000046

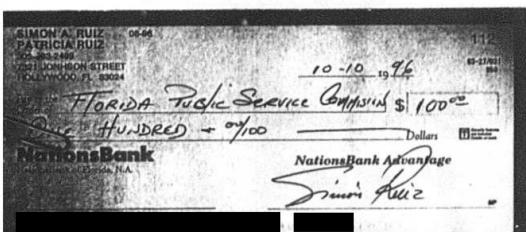
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DOCUMENT NUMBER - DATE

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