

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT

SIMON RUIZ

961244-TC

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

MARLINS COMMUNICATION

3. ADDRESS OF THE APPLICANT(S)

STREET

7321 JOHNSON ST

CITY

HOLLYWOOD

STATE & ZIP

FLORIDA, 33024

4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER:  
OWN NAME.

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP:

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION:

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that 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:

DOCUMENTATION: Attach proof that fictitious name has been registered with the Florida Secretary of States Office.

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96 OCT 15 AM 11:39

5. PROVIDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS:

NAME: SIMON RUIZ  
TITLE: OWNER  
PHONE: 954 983 2499

6. HAS APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.

NO

7. IF THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER.

THIS IS THE FIRST TIME, I'M  
APPLYING FOR A CERTIFICATE

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

NO

B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

I'M SENDING THIS APPLICATION

C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.

NO

D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.

NO

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9. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:

LOCAL  
LONG DISTANCE  
COIN  
CALLING CARD  
CREDIT CARD  
OTHER, DESCRIBE

[X]  
[X]  
[X]  
[X]  
[X]  
[ ]

10. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 5.

11. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

PERSONALLY  
FULL-TIME TECHNICIAN  
PART-TIME TECHNICIAN  
SERVICE/REPAIR/MAINTENANCE CONTRACT  
OTHER, DESCRIBE

[X]  
[ ]  
[ ]  
[ ]

12. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+0, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.) YES

13. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIONAL STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 25-24.515(14), F.A.C.) YES

APPLICANT ACKNOWLEDGEMENT CARD

Applicant SIMON RUIZ

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

Signature Simon Ruiz

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

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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 11-4-11 OCT 15 '96

961244-TC

Subject: **MARLINS COMMUNICATION**  
REGISTRATION NUMBER: **G96270000046**

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
SERVICES DIVISION  
96 OCT 15 AM 11:39

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Fictitious Name Section  
Division of Corporations

Letter No. 596A00044628

SIMON A. RUIZ 08-05  
PATRICIA RUIZ  
705-283-2489  
7321 JOHNSON STREET  
HOLLYWOOD, FL 33024

112  
63-27/031  
858

10-10 1996

FLORIDA Public Service Commission \$ 100<sup>00</sup>

ONE HUNDRED + 00/100 Dollars

NationsBank  
NationsBank Advantage  
Simon Ruiz

Florida 32214  
RECORDS/REPORTING