## FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1.	LEGAL NAME OF THE APPLICANT	DEPOSIT TREAS. REC	DATE						
	The Train- Fel Company	D387 HEARING	OCT 1 8 '96						
2.	NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS								
	The Train-Tel Company	961256 .7	2						
3.	ADDRESS OF THE APPLICANT(S)								
	STREET 9887 4th St. Suite	319							
	CITY St. Petersburg								
	STATE & ZIP F1, 33702								
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:	ıχί							
	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 The train-Tel Comp	eny							
	ADDRESS 9887 44h St.N. 5	uite 319							
	St. Retersburg, Florida	33702							
	D. DOING BUSINESS UNDER A FICTITIOUS NAME:	[ ]							
	DOCUMENTATION: Attach proof that fictitious name the Florida Secretary of States Office.	has been register	red with						

FORM PSC/CMU 32 (R3-93) PAGE 2 OF 6 REQUIRED BY COMMISSION RULE NO. 25-24.511

DOCUMENT NUMBER-DATE

11155 OCT 18 %

FPSC-RECORDS/REPORTING

RESP	IDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUONSIBLE FOR COMMISSION CONTACTS:	AL WHO IS
NAME		
TITL	E: President	
PHON	7	
THE	APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, E CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN TH IDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CER	APPLICANT E STATE OF
$\mathbb{N}$	10	_
IF 1	THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND	LIST THE
CERT	IFICATE HOLDER AND CERTIFICATE NUMBER.	
	3. 301	
LIST	THE STATES IN WHICH THE APPLICANT:	
LIST	THE STATES IN WHICH THE APPLICANT:  IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE	
	IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE	
		TELEPHONE
Α.	IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE  Ohio, N.C., Florida (Soon)  HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY	

	HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.
IND	ASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR IVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETANT, OR NO GUILTY OF ANY FELONY OR OF ANY CRIME, OR MICHER SUCH ACTIONS MAY ULT FROM PENDING PROCEEDINGS.
PLE	ASE CHECK THE SERVICES THAT WILL BE PROVIDED:
LOCALI COLI CALI CREI	AL [×] G DISTANCE [×]
LOCALIONI	AL
LOC/ LON/ COII CAL/ CRE/ OTH/ PRO/ IN	AL G DISTANCE [X] N [X] LING CARD DIT CARD ER, DESCRIBE [X] POSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE

13.	WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+O, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.					
	yes					
14.	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					

I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT. I AM AWARE THAT PURSUANT TO S. 837.06, FLORIDA STATUTE, WHOEVER KNOWINGLY MAKES A FALSE STATEMENT IN WRITING WITH THE INTENT TO MISLEAD A PUBLIC SERVANT IN THE PERFORMANCE OF HIS OFFICIAL DUTY SHALL BE GUILTY OF A MISDEMEANOR OF THE SECOND DEGREE. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION. ALSO, I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$50.00 PER CALENDAR YEAR), FILE AN ANNUAL PAY TELEPHONE SERVICE REPORT, AND PAY GROSS RECEIPTS TAX. FURTHERMORE, I AGREE TO KEEP THE COMMISSION ADVISED OF ANY CHANGES IN THE NAMES OR ADDRESSES LISTED ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 10-9-96

## APPLICANT ACKNOWLEDGEMENT CARD

Applicant	The Tr	ain - k	el Con	pony	_
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Title	res.				_
Date/	0-9-96		681		

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 PAY TELEPHONE CERTIFICATE APPLICATION

	1.	LEGAL	L NAME OF T	HE APPLICA	INT			DEPUSIT	INEAS. N	EU.	DATE
		TH	ne Trai	n- Fel	Com	pan	V 1	D387	iteration.	001	1 8 '96'
	2.	NAME	UNDER WHIC	H THE APPL	ICANT WIL	L DO BU	SINESS				
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	3.	ADDRE	ESS OF THE	APPLICANT (	S)	,	/				
		STREE	ET	988	7 4ths	54.5	uite	319			
		CITY		51.	Peters	burg					
		STATE	E & ZIP	FI.	33'	702					
	4.	TYPE	OF ORGANIZ	ATION (CHE	CK ONE)						
		Α.	INDIVIDUA OWN NAME.	L DOING BU	SINESS UN	DER HIS	/HER:	I	]		
		DOCUM	MENTATION:	No other	document	ation no	eeded.				
		В.	PARTNERS	HIP:				[	]		9
		DOCUM	MENTATION: the name a	Attach a	copy of of all p	the par	tnersh	ip agre	ement, ar	nd a 1	ist
		С.	CORPORATI	ON:				[	xí		
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		NAME		-11.		110	L				
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	6	The Fr	ain tel Compar	u		Mercantile Bank	ST. PETER	OURTH STREE ISBURG, FLOR	IDA 33716		10023
		PETERSB	REET NORTH, SUI URG, FLORIDA 33 (813) 579-1817	TE 319			63-910	3/2631		_10/14	/1996
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A	pplication	Fee	THE RESIDENCE WATER	(株式10円間20×2円17.1円25円	1774KUNTE <b>WY</b>	DESIGNATION OF SALE	DATE OF STREET	IN COLUMN TO A STATE OF THE STA	THE REAL PROPERTY BY		CONTROL MILESCOPE MAIN



September 8, 1995

SEAN TRAINOR THE TRAIN-TEL COMPANY 7500 14TH ST. N. ST. PETERSBURG, FL 33702

Qualification documents for THE TRAIN-TEL COMPANY were filed on September 8, 1995, and assigned document number F95000004367. Please refer to this number whenever corresponding with this office.

Your corporation is now qualified and authorized to transact business in Florida as of the file date.

A corporation annual report will be due this office between January 1 and May 1 of the year following the calendar year of the file date. A Federal Employer Identification (FEI) number will be required before this report can be filed. If you do not already have an FEI number, please apply NOW with the Internal Revenue by calling 1-800-829-3676 and requesting form SS-4.

Please be aware if the corporate address changes, it is the responsibility of the corporation to notify this office.

Should you have any questions regarding this matter, please telephone (904) 487-6091, the Foreign Qualification/Tax Lien Section.

Letter Number: 795A00041639

Jennifer Sindt Document Examiner Division of Corporations