

DEPOSIT

DATE

971624-TC

D675

DEC 17 1997

ATTACHMENT B

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

- 1. LEGAL NAME OF THE APPLICANT JAY C. LANGER
 - 2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS JAY C. LANGER
 - 3. ADDRESS OF THE APPLICANT(S)
 - STREET 7233-56 AVE. No.
 - CITY ST. PETERSBURG
 - STATE & ZIP CODE FL. 33709
 - 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 N/A

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

ADDRESS

N/A

D. DOING BUSINESS UNDER A FICTITIOUS NAME: SUNSHINE COMMUNICATIONS

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

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

NAME:

JAY C. LANGER / DEBORAH L. LANGER

TITLE:

OWNER / OWNER

PHONE:

(813) 548-6191

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 CANCELED PAY TELEPHONE CERTIFICATES.

No

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

N/A

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

10. PLEASE CHECK ✓ THE SERVICES THAT WILL BE PROVIDED:

LOCAL	<input checked="" type="checkbox"/>
LONG DISTANCE	<input checked="" type="checkbox"/>
COIN	<input checked="" type="checkbox"/>
CALLING CARD	<input type="checkbox"/>
CREDIT CARD	<input type="checkbox"/>
OTHER, DESCRIBE	<input type="checkbox"/>

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 14 to 21 depending upon profit margin

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

PERSONALLY	<input checked="" type="checkbox"/>
FULL-TIME TECHNICIAN	<input type="checkbox"/>
PART-TIME TECHNICIAN	<input type="checkbox"/>
SERVICE/REPAIR/MAINTENANCE CONTRACT	<input type="checkbox"/>
OTHER DESCRIBE	<input type="checkbox"/>

13. 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

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE.

N/A

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

N/A

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

N/A

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

N/A

9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETENT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

N/A

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

14. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and - 4.29.8 OF THE AMERICAN NATIONAL STANDARD SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F ANSI STANDARDS) (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.



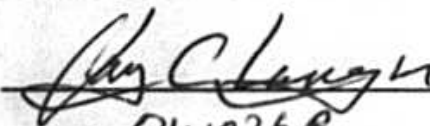
(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 12/12/97

APPLICANT ACKNOWLEDGMENT FORM

Applicant JAY C. LANGER

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

Signature: 
Title: OWNER
Date: 12/12/97

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

December 2, 1997

SUNSHINE COMMUNICATIONS
P.O. BOX 60416
ST PETERSBURG, FL 33784

Subject: SUNSHINE COMMUNICATIONS

REGISTRATION NUMBER: G97335000139

This will acknowledge the filing of the above fictitious name registration which was registered on December 1, 1997. 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.

Enclosed is your certificate(s) as requested.

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. 497A00057028

RECEIVED
FLORIDA PUBLIC
SERVICE COMMISSION
97 DEC 17 AM 8 24
MAIL ROOM

State of Florida



Department of State

I certify from the records of this office that SUNSHINE COMMUNICATIONS is a Fictitious Name registered with the Department of State on December 1, 1997.

The Registration Number of this Fictitious Name is G97335000139.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capital, this the
Second day of December, 1997



CR2EO22 (2-95)

Sandra B. Northam

Sandra B. Northam
Secretary of State

DEPOSIT

DATE

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applicant has authority to be a Registered Agent.

JAY C. LANGER of
DEBORAH A. LANGER

548

Dec. 15, 97

Pay to the Order of Florida Public Service Commission \$ 100.⁰⁰/₁₀₀
One hundred 00
100 Dollars

NationsBank
NationsBank, N.A.

NationsBank Advantage

For application fee

Jay C. Langer

DOCUMENT NUMBER-DATE

12929 DEC 17 97

FPSC-RECORDS/REPORTING