

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT Frank D. Lane DEPOSIT D695 DATE JAN 26 1993

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS F D L Installations Inc 980127-7C

3. ADDRESS OF THE APPLICANT(S)
STREET 19660 NE 11th
CITY Miami FL
STATE & ZIP Florida 33179

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.

DOCUMENT NUMBER-DATE
980127-7C 26 93
FPSC RECORDS/REPORTING

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

NAME: Frank D Lane

TITLE: OWNER

PHONE: 305 652-5600

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.

8. LIST THE STATES IN WHICH THE APPLICANT:

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

None

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

None

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 CHECK THE SERVICES THAT WILL BE PROVIDED:

- LOCAL
- LONG DISTANCE
- COIN
- CALLING CARD
- CREDIT CARD
- OTHER, DESCRIBE

<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>
<input checked="" type="checkbox"/>

10. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR: 25

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

<input checked="" type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

12. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA 10XXX+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 ACKNOWLEDGMENT CARD

Applicant FRANK D. LANE

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

Signature Frank D. Lane

Title OWNER

Date 12-18-97

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.

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: 12-18-97



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 18, 1997

FRANK DARRELL LANE
19660 N.E. 11TH PLACE
MIAMI, FL 33179

The Articles of Incorporation for F.D.L. INSTALLATION, INC were filed on June 18, 1997 and assigned document number P97000053913. Please refer to this number whenever corresponding with this office regarding the above corporation.

PLEASE NOTE: COMPLIANCE WITH THE FOLLOWING PROCEDURES IS ESSENTIAL TO MAINTAINING YOUR CORPORATE STATUS. FAILURE TO DO SO MAY RESULT IN DISSOLUTION OF YOUR CORPORATION.

A CORPORATION ANNUAL REPORT MUST BE FILED WITH THIS OFFICE BETWEEN JANUARY 1 AND MAY 1 OF EACH YEAR BEGINNING WITH THE CALENDAR YEAR FOLLOWING THE YEAR OF THE FILING DATE NOTED ABOVE AND EACH YEAR THEREAFTER. FAILURE TO FILE THE ANNUAL REPORT ON TIME MAY RESULT IN ADMINISTRATIVE DISSOLUTION OF YOUR CORPORATION.

A FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER MUST BE SHOWN ON THE ANNUAL REPORT FORM PRIOR TO ITS FILING WITH THIS OFFICE. CONTACT THE INTERNAL REVENUE SERVICE TO INSURE THAT YOU RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT. TO OBTAIN A FEI NUMBER, CONTACT THE IRS AT 1-800-829-3676 AND REQUEST FORM SS-4.

SHOULD YOUR CORPORATE MAILING ADDRESS CHANGE, YOU MUST NOTIFY THIS OFFICE IN WRITING, TO INSURE IMPORTANT MAILINGS SUCH AS THE ANNUAL REPORT NOTICES REACH YOU.

Should you have any questions regarding corporations, please contact this office at the address given below.

Claretha Golden, Document Specialist
New Filings Section

Letter Number: 897A00032633

Application for Employer Identification Number

For use by sole proprietors, partnerships, trusts, estates, churches, government agencies, certain individuals, and others. See instructions.

EPN 65-0371624
OMB No. 1545-0047
EPA Pub. 2-31-88

Please type or print clearly.

1 Name of applicant (Legal name (See instructions))
F. O. L. ESTABLISHMENT, INC

2 Trade name of business, if different from name in line 1

3 Executor if sole care of name

4a Mailing address (street address (room, apt., or suite no.);
1960 NW 11th St.

4b City, state, and ZIP code
Miami FL 33179

5a Business address, if different from address in lines 4a and 4b

5b City, state, and ZIP code

6 County and state where principal business is located
Dade FL

7 Name of principal officer, general partner, grantor, owner, or trustee—EIN required (See instructions) ▶ *Frank O. Long*

8a Type of entity (Check only one box.) (See instructions.)

Sole Proprietor (SSN) Estate (EIN of decedent) Trust

REMIC Personal service corp Part. administrator-SSN Partnership

State/local government National guard Other corporation (specify) Farmers collect. org.

Other nonprofit organization (specify) (enter EIN if applicable) Federal government/agency Church or church controlled organ. (specify)

Other (specify) ▶

8b If a corporation, name the state or foreign country (if applicable) where incorporated ▶ State *Florida* Foreign country

9 Reason for applying (Check only one box.)

Started new business (specify) ▶

Hired employees

Created a pension plan (specify type) ▶

Banking purpose (specify) ▶

Changed type of organization (specify) ▶

Purchased going business

Created a trust (specify) ▶

Other (specify) ▶

10 Date business started or acquired (Mo., day, year) (See instructions.) *6/1/92*

11 (For closing month of accounting year) (See instructions.) *December*

12 First date wages or annuities were paid or will be paid (Mo., day, year) (Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (Mo., day, year)) *10/1/92*

13 Enter highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."

Manufacturing	Agriculture	Household
2	0	0

14 Principal activity (See instructions) ▶ *Est. of a business*

Yes No

15 Is the principal business activity manufacturing? If "Yes," principal product and raw material used ▶

16 To whom are most of the products or services sold? Please check the appropriate box

Public (retail) Other (specify) ▶ Business (wholesale) N/A

17a Has the applicant ever applied for an identification number for this or any other business? Yes No

Note: If "Yes," please complete lines 17b and 17c.

17b If you checked the "Yes" box in line 17a, give applicant's legal name and trade name, if different than name shown on prior application

Legal name ▶ Trade name ▶

17c Enter appropriate date, city, and state where the application was filed and the pre-bus employer identification number if known

Appropriate date when filed (Mo., day, year) City and state where filed Previous EIN

Under penalty of perjury, declare that I have entered the application and all the data of my knowledge and belief in this return to the best of my ability and belief.

Business address number (include ext. no.) *(305) 652-5800*

Name and title (Please type or print clearly) ▶ *Frank O. Long, Pres.* Date ▶

Signature ▶

Note: Do not write below this line. For official use only.

Please leave this blank ▶

Class	Box	Reason for copying

OF REGISTERED AGENT
CERTIFICATE OF REGISTERED AGENT
OF

F.D.I. Installation, Inc
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.034, the following is submitted:
The above corporation, desiring to organize under the laws of the State of Florida with
its registered office as indicated in the Articles of Incorporation

at 19660 N.E. 11 Place


Miami FL 33179

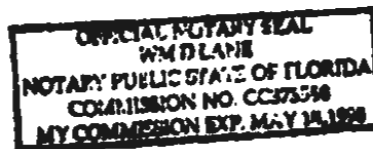
has named Frank Darrell Lane

located at the aforesaid address, as its Registered Agent to accept service of process
within this state.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above stated corporation at
the place designated in this certificate, I hereby accept to act in this capacity, and agree
to comply with the provisions of Florida Law in keeping open said office.


(registered agent)



Date 05/16/97

Secretary of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: F.D.L. Installation, Inc.
(name of corporation)

Gentlemen:

Enclosed please find the original and one copy of Articles of Incorporation, together with my check in the amount of \$70.00

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours,


Frank Darrell Lane
(individual's name)

F.D.L. Installation, Inc
(name of corporation)

Mailing address of corporation

19660 N.E. 11 Pl

Miami FL 33179

Phone: (305) 652-5600

of
F.D.L. Installation, Inc
(name of corporation)

The undersigned subscriber(s) to these Articles of Incorporation, natural person(s) competent to contract, hereby form corporation under the laws of the State of Florida.

ARTICLE I - CORPORATE NAME

The name of the corporation is:

F.D.L. Installation, Inc

19660 N.E. 11th Pl
Mia Fl 33179

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue Five Hundred shares (500) of one Dollar(s) (\$ 1.00) per value Common Stock, which shall be designated "Common Shares."

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The name and street address of the Initial Registered Agent of this Corporation is:

NAME	<u>Frank Darrell Lane</u>		
ADDRESS	<u>19660 N.E. 11th Place</u>		
CITY	<u>Miami</u>	STATE	<u>FL</u>
		ZIP	<u>33179</u>

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have One (1) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	<u>Frank Darrell Lane</u>		
ADDRESS	<u>19660 N.E. 11 Pl</u>		
CITY	<u>Miami</u>	STATE	<u>FL</u>
		ZIP	<u>33179</u>
NAME			
ADDRESS			
CITY		STATE	
		ZIP	
NAME			
ADDRESS			
CITY		STATE	
		ZIP	

The names and addresses of the person(s) signing these Articles of Incorporation are as follows:

NAME	Frank Darrell Lane		
ADDRESS	19660 N.E. 11th Pl		
CITY	Miami	STATE	FL
		ZIP	33179
NAME			
ADDRESS			
CITY		STATE	
		ZIP	
NAME			
ADDRESS			
CITY		STATE	
		ZIP	

IN WITNESS WHEREOF, the undersigned subscriber(s) have executed these Articles of Incorporation this 16 day of May, 1997.

[Signature] (Seal)

[Seal] (Seal)

[Seal] (Seal)

STATE OF FLORIDA)
COUNTY OF Dade) SS

before me, a Notary Public authorized to take acknowledgements in the State and County set forth above, personally appeared

Frank Darrell Lane

known to me and known to be the person(s) who executed the foregoing Articles of Incorporation, and who acknowledged before me that HE executed these Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this _____ day of _____, 19____.

(Notary Seal)

(Notary Public, State of Florida at Large)

My Commission

OFFICIAL NOTARY SEAL
WM D LANE
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC372558
MY COMMISSION EXP. MAY 18, 1998

SPRINGFIELD MIAMI

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

LEGAL NAME OF THE APPLICANT

DEPOSIT

DATE

Frank D. Lane

D695

JAN 26 1993

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

F D L Installation Inc

3. ADDRESS OF THE APPLICANT(S)

STREET

19660 NE 11 Pl

CITY

Miami FL

STATE & ZIP

Florida 33179

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

F.D. L. INSTALLATION INC.

09-97

1107

305-652-5600

19660 N.E. 11 PLACE

MIAMI, FL 33179

1-23

1998

63-27-631
366

Pay to the
Order of

Public Service Commission

\$ 100.00

One Hundred Dollars

Dollars

Look for Micro Print signature line, red border and imageSafe logo on back. If not present, do not cash.

NationsBank

NationsBank, N.A.
Florida

For Public Service Comm.

Frank D. Lane