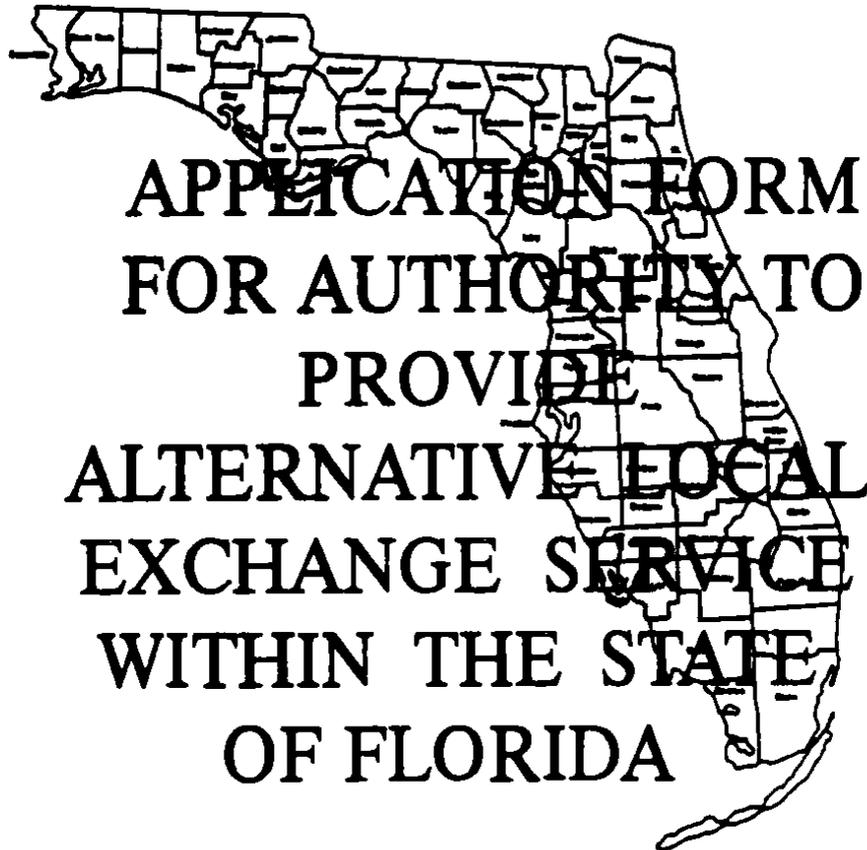


**** NOTE ****

The application and associated rules contained in this application are subject to change.



**APPLICATION FORM
FOR AUTHORITY TO
PROVIDE
ALTERNATIVE LOCAL
EXCHANGE SERVICE
WITHIN THE STATE
OF FLORIDA**

FLORIDA PUBLIC SERVICE COMMISSION
CAPITAL CIRCLE OFFICE CENTER - 2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0850

APPLICATION FORM

for

AUTHORITY TO PROVIDE (ALEC) ALTERNATIVE LOCAL EXCHANGE SERVICE WITHIN THE STATE OF FLORIDA

INSTRUCTIONS

- ◆ This form is used for an original application for a certificate and for approval of sale, assignment or transfer of an existing alternative local exchange certificate. In case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee.
- ◆ Respond to each item requested in the application and appendices. If an item is not applicable, please explain why.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ If you have questions about completing the form, contact:

Florida Public Service Commission
Division of Communications
Certification & Compliance Section
2540 Shumard Oak Boulevard
Tallahassee, Florida 32399-0866
(850) 413-6600

- ◆ Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of \$250 made payable to the Florida Public Service Commission at the above address.

APPLICATION FORM

1. This is an application for (check one):

Original authority (new company)

Approval of transfer (to another certificated company)

Example. a certificated company purchases an existing company and desires to retain the original certificate authority.

Approval of assignment of existing certificate
(to a noncertificated company)

Example. a non-certificated company purchases an existing company and desires to retain the certificate of authority rather than apply for a new certificate.

Approval for transfer of control (to another certificated company)

Example. a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of applicant:

PAUL Vairo

3. Name under which the applicant will do business (d/b/a):

REHOOK 1

4. If applicable, please provide proof of fictitious name (d/b/a) registration.

Fictitious name registration number: G98204000081

APPLICATION FORM

8. State whether any of the officers, directors, or any of the ten largest stockholders have previously been adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, please explain.

NA

9. If incorporated, please provide proof from the Florida Secretary of State that the applicant has authority to operate in Florida.

Corporate charter number: NA

10. Please provide the name, title, address, telephone number, Internet address, and facsimile number for the person serving as ongoing liaison with the Commission, and if different, the liaison responsible for this application.

Paul Vairo owner Home 352-596-7716
7261 McGinness Ct. work 727-868-0751
Brooksville, FL 34613 877-44-LOGANS
877-REBOOKS

11. Please list other states in which the applicant is currently providing or has applied to provide local exchange or alternative local exchange service.

NA

FLORIDA PUBLIC SERVICE COMMISSION
CAPITAL CIRCLE OFFICE CENTER - 2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0850

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REHOOK 1

4. If applicable, please provide proof of fictitious name (d/b/a) registration.

Fictitious name registration number: G98204000081

APPLICATION FORM

5. A. National mailing address including street name, number, post office box, city, state, zip code, and phone number.

18835 U.S. Hwy 19
Hudson, FL 34667

- B. Florida mailing address including street name, number, post office box, city, state, zip code, and phone number.

18835 US Hwy 19
Hudson, FL 34667

6. Structure of organization: Check appropriate box(s)

<input checked="" type="checkbox"/> Individual	<input type="checkbox"/> Corporation
<input type="checkbox"/> Foreign Corporation	<input type="checkbox"/> Foreign Partnership
<input type="checkbox"/> General Partnership	<input type="checkbox"/> Limited Partnership
<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Other, Please explain _____

7. If applicant is an individual, partnership, or joint venture, please give name, title and address of each legal entity.

Paul Vaire owner
7261 McGinnis Ct.
Brooksville, FL 34613

APPLICATION FORM

8. State whether any of the officers, directors, or any of the ten largest stockholders have previously been adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, please explain.

NA

9. If incorporated, please provide proof from the Florida Secretary of State that the applicant has authority to operate in Florida.

Corporate charter number: NA

10. Please provide the name, title, address, telephone number, internet address, and facsimile number for the person serving as ongoing liaison with the Commission, and if different, the liaison responsible for this application.

Paul Vairo owner Home 352-596-7716
7261 McGinnes Ct. Work 727-868-0751
Brooksville, FL 34613 877-44-LOGANS
877-REHOOKS

11. Please list other states in which the applicant is currently providing or has applied to provide local exchange or alternative local exchange service.

NA

APPLICATION FORM

12. Has the applicant been denied certification in any other state? If so, please list the state and reason for denial.

NA

13. Have penalties been imposed against the applicant in any other state? If so, please list the state and reason for penalty.

NA

14. Please indicate how a customer can file a service complaint with your company.

ANY CUSTOMER WITH A COMPLAINT CAN CALL
TOLL FREE AND FILE A COMPLAINT AT 1-877-RETRON
IF BUSINESS DOES NOT I WILL INSURE ANOTHER
PHONE LINE FOR CUSTOMER SERVICE

15. Please complete and file a price list in accordance with Commission Rule 25-24.825.(Rule attached)

16. Please provide all available documentation demonstrating that the applicant has the following capabilities to provide alternative local exchange service in Florida.

A. Financial capability.

Regarding the showing of financial capability, the following applies.

The application should contain the applicant's financial statements for the most recent 3 years, including:

APPLICATION FORM

1. the balance sheet
2. income statement
3. statement of retained earnings.

Further, a written explanation, which can include supporting documentation, regarding the following should be provided to show financial capability.

1. Please provide documentation that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
2. Please provide documentation that the applicant has sufficient financial capability to maintain the requested service.
3. Please provide documentation that the applicant has sufficient financial capability to meet its lease or ownership obligations.

NOTE: This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.

If available, the financial statements should be audited financial statements.

If the applicant does not have audited financial statements, it shall be so stated. The unaudited financial statements should then be signed by the applicant's chief executive officer and chief financial officer. The signatures should attest that the financial statements are true and correct.

- B. Managerial capability.
- C. Technical capability.

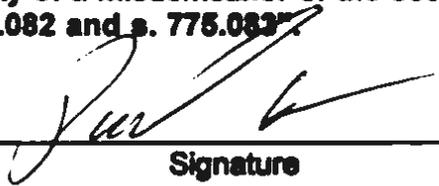
(If you will be providing local intra-exchange switched telecommunications service, then state how you will provide access to 911 emergency service. If the nature of the emergency 911 service access and funding mechanism is not equivalent to that provided by the local exchange companies in the areas to be served, described in detail the difference.)

APPLICATION FORM

AFFIDAVIT

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange service in the State of Florida. I have read the foregoing and declare that to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority to sign on behalf of my company and agree to comply, now and in the future, with all applicable Commission rules and orders.

Further, I am aware that pursuant to Chapter 837.06, Florida Statutes, "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, punishable as provided in s. 775.082 and s. 775.083".

Official: 
Signature

8-6-98
Date

Title: OWNER

(352) 596 7716
Telephone Number

Address: 7261 MCGINNIS CT.
BROOKSVILLE, FL 34613

25-24.825 Price List.

(1) Prior to providing service, each company subject to these rules shall file and maintain with the Commission a current price list which clearly sets forth the following information for basic local telecommunications services, as defined in s. 364.02(2), F. S. If basic local telecommunications service is offered on a package basis, the following information must be provided for the package:

- (a) current prices,
- (b) customer connection charges,
- (c) billing and payment arrangements, and
- (d) levels of service quality which the company holds itself out to provide for each service.

(2) At the company's option, price list information in paragraph (1) above and other information concerning the terms and conditions of service may be filed for services other than basic local telecommunication services.

(3) A price list revision must be physically received by the Commission's Division of Communications at least one day prior to its effective date.

(4) Price lists must be on 8 ½ by 11 inch paper in loose-leaf form and must utilize an ongoing page identification system which will allow for the identification of inserted and removed pages. The color of paper on which price lists are filed must be amenable to being clearly photocopied on standard photocopy equipment.

(5) Complete information concerning a company's service offerings, rates and charges, conditions of service, service quality, terms and conditions, service area, and subscribership information identified by local exchange company exchange must be made available to Commission staff upon request.

Specific Authority: 350.127(2)

Law Implemented: 364.04, 364.337(5), F.S.

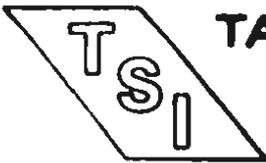
History: New 12/26/95.

Home
PAUL VAIRO
7261 MCGINNES CT.
Brooksville, FL. 34613

Business
PGV CASH LOANS
18835 US HWY. 19
Hudson, FL. 34667

My name is Paul Vairo and this is my business plan. For the last 8 years I managed and directed rent-to-own stores in Citrus, Pinellas, and Lake counties. I managed and collected customer accounts, responsible for monthly reports, fleet maintenance etc.

I now own a title loan and personal check advance store located in Pasco county. I would like to incorporate the phones with my present business. I will then open phone stores in all counties listed Pasco, Pinellas, Hillsborough. This will happen within a 1 year period. I intend to gain 100 accounts per month per location. My advertising budget will allow me to advertise in local news papers, cable TV, and radio. I plan to hire local personnel to assist me with the daily operations of each location.



**TAX
SPECIALISTS,
INC.**

Telephone
(813) 849-2398

Robert Zolezzi
President

August 1, 1998

REHOOK 1
BALANCE SHEET

Cash in Bank AmSouth Bank	\$ 14,000.
TOTAL ASSETS	\$ <u>14,000.</u>
Investment	\$ 14,000.
TOTAL LIABILITIES/OWNERS EQUITY	\$ <u>14,000.</u>

*ACKNOWLEDGED
AUGUST 5 1998
Robert Zolezzi*

**TAX SPECIALISTS, INC.
8740 WOODCREST DRIVE
PORT RICHEY, FL 34688**

HOW I PLAN TO MAINTAIN CAPITOL

I plan to maintain capitol by having all accounts pre pay for their phone line before the phone line is hooked up and every month there after.

I also have additional capitol in COMPASS BANK account #872746 my personal checking account and my business account at AMSOUTH BANK account #7965813103

PASCO COUNTY OCCUPATIONAL LICENSE 1997-98

Issued pursuant and subject to Florida Statutes and Pasco County Ordinances. Issuance does not certify compliance with zoning or other laws. This license must be posted conspicuously in place of business. Expires September 30.

ACCOUNT NO: 28047
SIC CODE: 1731.01

Mike Olson
TAX COLLECTOR
PASCO COUNTY FLORIDA

TYPE OF BUSINESS:
LOW VOLTAGE WIRING



REHOOK 1
18835 US HIGHWAY 19
HUDSON FL 34667-6650



LOCATION ADDRESS:
18835 US HIGHWAY 19
HUDSON

DATE	RECEIPT	AMOUNT
07/31/98	334330	11.25



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

July 24, 1998

REHOOK1
18835 US HWY 19
HUDSON, FL 34667

Subject: **REHOOK1**

REGISTRATION NUMBER: **G98204000081**

This will acknowledge the filing of the above fictitious name registration which was registered on July 23, 1998. 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. 998A00039357

TRANS UNION CREDIT REPORT

<FOR> (SUB NAME) <MKT SUB> <INFILE> <DATE> <TIME>
 (I) A NR8495000 AUTO REGION 16 BV 7/89 07/23/98 08:19CT

<SUBJECT> <SSN> <BIRTH DATE>
 VAIRO, PAUL 089-68-2216 7/72
 <TELEPHONE>
 596-7716

<CURRENT ADDRESS> <DATE RPTD>
 7261 MCGINNESS CT., BROOKSVILLE FL. 34613 7/96
 <FORMER ADDRESS>
 7420 CHEROKEE TR., SPRING HILL FL. 34606 3/96
 10481 N. 3RD ST., #D. SAINT PETERSBURG FL. 33716

C R E D I T S U M M A R Y * * * T O T A L F I L E H I S T O R Y

PR=0	COL=0	NEG=0	HSTNEG=0	TRD=30	RVL=21	INST=8	MTG=1	OPN=0	INQ=6
REVOLVING:	HIGH CRED	CRED LIM	BALANCE	PAST DUE	MNTHLY PAY	AVAILABLE			
\$22.6K	\$17.2K	\$16.6K	\$0	\$433	3%				
INSTALLMENT:	\$17.4K	\$	\$15.1K	\$0	\$430				
MORTGAGE:	\$62.4K	\$	\$61.8K	\$0	\$652				
TOTALS:	\$102K	\$17.2K	\$93.7K	\$0	\$1515				

T R A D E S

SUBNAME	SUBCODE	OPENED	HIGHCRED	TERMS	MAXDELQ	PAYPAT	1=12 MOP
ACCOUNT#		VERIFIED	CREDLIM	PASTDUE	AMT-MOP	PAYPAT	13 24
EEOA COLLATRL/LOANTYPE		CLSD/PD	BALANCE	REMARKS			MO (0/60/90)
JCP CRD BK	D 1972115	12/90	\$772	MIN20			11X11111XXXX R01
		7/98A	\$96	\$0			XXXXXXXXXX11
							12V 0/ 0/ 0
BARNETT BANK B	9580001	9/97	\$10.1K	48M265			111X1111X1 101
		7/98A	\$8787	\$0			10 0/ 0/ 0
I AUTOMOBILE							
DISCOVER CRD B	9616003	6/95	\$5269	MIN108			111111111111 R01
		6/98A	\$5269	\$0			111111111111
I CREDIT CARD							48 0/ 0/ 0
CAPITAL I BK B	1DTV001	3/95	\$8042	MIN231			111111111111 R01
		6/98A	\$7813	\$0			111111111111
I CREDIT CARD							48 0/ 0/ 0
TOP CRD BK	D 1972115	12/90	\$550	21M			111111111111 101
		6/98A	\$0	\$0			
		7/95C	\$0				12V 0/ 0/ 0
BURDIN/FDSNB D	635D001	12/93	\$152				1111XXXX111 R01
		6/98A	\$600	\$0			11111XXXXX1
I CHARGE ACCOUNT		4/96F	\$0				29 0/ 0/ 0
FNANB M/C	H 246V008	11/93	\$1538				111111111111 R01
		6/98A	\$1500	\$0			111111111111

I	CREDIT CARD		6/98C	\$0		ACCOUNT CLOSED BY CON 48	0/ 0/ 0
FNANB CIRC	H 247V003	1	92	\$1505		111111111111	R01
			6/98A	\$1500	\$0	111111111111	
I	CREDIT CARD		6/98C	\$0		ACCOUNT CLOSED BY CON 48	0/ 0/ 0
CHASE MORT	Q 722T001		6/97	\$62.4K	360M652	111111111111	M01
			6/98A		\$0		
I	CONVENTIONAL REAL			\$61.8K		11	0/ 0/ 0
WFNNB/KANE	H 1NZ8011		2/98	\$648		11111	R01
			6/98A	\$2000	\$0		
I				\$498		5	0/ 0/ 0
WFNNB/SVCMRC D	1TXA001		9/94	\$0		111111111111	R01
			5/98A	\$700	\$0	111111111111	
I			1/97P	\$0		24V	0/ 0/ 0
RNB-TARGET	D 6476004	11/95		\$500	MIN41	111111111111	R01
		5/98A		\$500	\$0	1111111111	
C	CHARGE ACCOUNT			\$302		21	0/ 0/ 0
CHASE NA	B 402D017	11/90		\$2800	MIN43	111111111111	R01
		5/98A		\$2800	\$0	111111111111	
I	CREDIT CARD			\$2701		48	0/ 0/ 0
AMER GEN FIN F	654N1GS	7/97		\$7285	60M165	111111111111	I01
		5/98A			\$0		
I	SECURED			\$6356		11	0/ 0/ 0
BELDEN JEWLR J	722D62Q	8/97		\$404		11	R01
		5/98A		\$3900	\$0		
I	CHARGE ACCOUNT		9/97P	\$0		2	0/ 0/ 0
SEARS	D 6256394	11/96		\$114		111111111111	R01
		12/97A		\$800	\$0		
I	CHARGE ACCOUNT		11/97P	\$0		13	0/ 0/ 0
LITTMAN JEWL J	478E001	12/94		\$475		1	R01
		10/97A		\$0	\$0		
I	CHARGE ACCOUNT		3/95P	\$0		4	0/ 0/ 0
SOUNDAD/MBGA Q	235034C	3/94		\$2110		111111111111	R01
		9/97A		\$3000	\$0	111111111111	
I	BRCG67 DL8311		9/97P	\$0		42V	0/ 0/ 0
AMER GEN FIN F	654N1GS	7/96		\$3326	30M150	X11111111X11	I01
		7/97A			\$0	1	
I	SECURED BY HSHLD		7/97C	\$0	CLOSED	13	0/ 0/ 0
HDMBGA/CDTCR Q	235033C	7/96		\$0		11111	R01
		12/96A		\$0	\$0		
C	BRCG33 DL7473		7/96C	\$0		ACCOUNT CLOSED BY CON 5V	0/ 0/ 0
AMER GEN FIN F	654N1GS	2/94		\$4265	36M154	X111111111111	I01
		7/96A			\$0	11X1111111111	
U	HOUSEHOLD GOODS		7/96C	\$0	REFINANCED	30	0/ 0/ 0
HRSI	Q 235166Y	2/94		\$0		X111111111111	R01
		3/96A		\$0		1111111111X11	
I			3/96P	\$0		2	0/ 0/ 0
AMER GEN FIN B	640N039	2/94				X1	R01
		10/95A		\$3500			
I	CHARGE ACCOUNT		10/95C	\$0	CLOSED	21	0/ 0/ 0

TRV BNK PL	F 7212000	8/93				111111111111	R01
I	CHARGE ACCOUNT	7/95A	\$2200				
		10/93P	\$0			12	0/ 0/ 0
COMMERCIAL	F 7212293	8/93	\$2288	36M94		X111111111111	I01
		6/95A		\$0		11X1111XX1	
I	UNSECURED	6/95C	\$0			23	0/ 0/ 0
BEI DENJEWELR	J 722D45X	7/91	\$600			111	R01
		12/93A					
I		11/92P	\$0			14	0/ 0/ 0
COMM SVG BK	B 497R005	1/91	\$4500	36M156		X111111111111	I01
		1/93A		\$0		11	
C	AUTOMOBILE	11/92C	\$0			14	0/ 0/ 0
NORWEST FINC	F 4462309	10/92	\$735				R00
		12/92A	\$700				
I		11/92P	\$0			2	0/ 0/ 0
NORWEST FINC	F 4462309	6/93	\$384	13M35		X11	IUR
		10/93A		\$0			
I	HOUSEHOLD GOODS	9/93C	\$0	CLOSED		4	0/ 0/ 0
NORWEST FINC	F 4462309	2/93	\$1015			X111111	RUR
		9/93A	\$1000				
I		9/93C	\$0	CLOSED		8	0/ 0/ 0

INQUIRIES

DATE	SUBCODE	SUBNAME	TYPE	AMOUNT
7/23/98	ANR8495000(FLA)	AUTO REGION		
1/07/98	ZTA0005204(FLA)	M A C B		
7/14/97	FTA8780807(FLA)	AM GEN FIN		
5/13/97	FH00285331(SCT)	CRIS INFO SR	RE	
4/02/97	FDF1215909(SCT)	AHESI		
9/25/96	ANR8495000(FLA)	AUTO REGION		

END OF CREDIT REPORT - SERVICED BY :
MERCHANTS ASSOCIATION CREDIT BUREAU, INC. 813-273 7855
134 S. TAMPA ST, PO.BOX 3307, TAMPA, FL. 33601

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GO

STATE OF FLORIDA

Commissioners:
JULIA L. JOHNSON, CHAIRMAN
J. TERRY DEASON
SUSAN F. CLARK
JOE GARCIA
E. LEON JACOBS, JR.



DIVISION OF COMMUNICATIONS
WALTER D'HAESELEER
DIRECTOR
(850) 413-6600

Public Service Commission

DEPOSIT

DATE

D 8 2 7

AUG 10 1998

Dear Prospective Applicant:

Enclosed you will find the application forms to provide:

- () ALEC Alternative Local Exchange Company;
- () IXC Interexchange Telecommunications Service;
- () AAV Interexchange Telecommunications Service with Alternative Access Vendor Service;
- () OSP Interexchange Telecommunications Service with Operator Service Provider Service;
- () STS Shared Tenant Service;
- () MLDA Multi-Location Discount Aggregator Telecommunications Service Provider.

Other attachments include relevant information and requirements.

Upon receipt of the completed forms staff will analyze the material and prepare recommendation to be presented to the Commission. Following its decision, you will be advised.

DOCUMENT NUMBER-DATE

08464 AUG 10 98

FOR REFERENCE REPORTING

REHOOK 1
18835 U.S Hwy 19
HUDSON, FL 34667
1-877-REHOOK1

63-466/631

DATE 8-6-98

PAY TO THE ORDER OF Florida's Public Service Commission

\$ 250.⁰⁰/₁₀₀

Two Hundred Fifty Dollars

DOLLARS

AMSOUTH BANK 04

FOR