

990228-TC

DEPOSIT

DATE

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MAR 01 1999 99

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MAR 10 1999 26

1. Name of company or name of individual (not fictitious name or d/b/a):

SHIWANI INVESTMENT CORP.

2. Name under which applicant will do business (fictitious name, etc.):

DAY'S INN, DENNY'S AND WINNER'S PUB

3. Official mailing address:

Street: 1101 N. TEMPLE AVE.

P.O. Box: —

City: STARKE

State: FL FLORIDA Zip: 32091

4. Florida address:

Street: SAME AS ABOVE

P.O. Box: —

City: —

State: — Zip: —

5. Structure of organization:

() Individual

Corporation

() General Partnership

() Limited Partnership

() Other: —

6. If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State
Corporate Registration Number: P97000095127

7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

Florida Fictitious Name REGI # 698063900004
Registration Number: DAYS INN, DENNY'S AND
WINNER'S PUB

8. F.E.I. Number (if applicable): 65-0792394

9. If individual, provide:

Name: _____

Title: N/A

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. If partnership, provide name, title and address of all partners and a copy of the partnership agreement:

a. Name: _____

Title: N/A

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. Partnership (continued)

b. Name: N/A
Title: _____
Address: _____
City/State/Zip: _____
Telephone No.: _____ Fax No.: _____
Internet E-Mail Address: _____
Internet Website Address: _____

11. Who will serve as liaison to the Commission with regard to the following?

a. The application:

Name: MAYANK PATEL
Title: VICE PRESIDENT
Address: 1101 N. TEMPLE AVE.
City/State/Zip: STARKE FL-32091
Telephone No.: 904.964.1405 Fax No.: 904.964.5201
Internet E-Mail Address: N/A
Internet Website Address: N/A

b. Official Point of Contact for ongoing company operations including complaints and inquiries:

Name: DAVS CASH (AMIT PARI) (MIKE PATEL)
Title: ~~OWNER~~ / MANAGER
Address: 1101 N. TEMPLE AVE
City/State/Zip: STARKE, FL 32091
Telephone No.: 904-964-7600 Fax No.: 904-964-5201
Internet E-Mail Address: N/A
Internet Website Address: N/A

12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously 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, provide explanation: _____

N/A

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

N/A

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

N/A

15. List other states in which the applicant:

a. Is currently providing pay telephone service.

NONE

b. Has applications pending to be certified as a pay telephone provider.

NO

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, rules, or orders. Explain circumstances.

N/A

16. Please check (✓) the services that will be provided:

- () LOCAL
- () LONG DISTANCE
- (✓) COIN
- () CALLING CARD
- () CREDIT CARD
- () OTHER (Describe) _____

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 2

18. How does the applicant intend to service and maintain each payphone? Check (✓) all that apply.

PERSONALLY

FULL-TIME TECHNICIAN

PART-TIME TECHNICIAN

SERVICE/REPAIR/MAINTENANCE CONTRACT

OTHER (Describe) _____

19. Will each of the installed pay telephones provide access to all locally available long distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code

Yes

No Explain: _____

20. Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative Code.

Yes

No Explain: _____

APPLICANT FEE/TAX STATEMENT

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of 0.15 of one percent of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
2. **GROSS RECEIPTS TAX:** I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intr- and interstate business.
3. **SALES TAX:** I understand the a seven percent sales tax must be paid on intra- and interstate revenues.
4. **APPLICATION FEE:** I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

UTILITY OFFICIAL:

MAYANK PATEL
Print Name

D. Patel
Signature

VICE PRESIDENT
Title

2.27.99
Date

904.964.1405
Telephone No.

904.964.5201
Fax No.

Address: HOT N. DAYS INN
1101 N. TEMPLE AVE
STARKE
FL-32091

ACKNOWLEDGMENT

By my signature below, I, the undersigned owner/officer, 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.

I will comply with all current and future Commission requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year), file an annual pay telephone service report, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and addresses listed in the application within 10 days of the change.

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."

UTILITY OFFICIAL:

MAYANK PATEL
Print Name

M. Patel
Signature

VICE PRESIDENT
Title

2.27.99
Date

904.964.1405
Telephone No.

904.964.5201
Fax No.

Address: DAYS INN
1101 N. TEMPLE AVE.
STARKE
FL - 32091

****APPLICANT ACKNOWLEDGMENT****

Applicant: SHIWANI INVESTMENT CORP.

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

MAYANK PATEL
Print Name

M. Patel
Signature

VICE PRESIDENT
Title

2.27.99
Date

904.964.1405
Telephone No.

904.964.5201
Fax No.

Address: DAYS INN
101 N. TEMPLE AVE.
STARKE
FL-32091

THIS ACKNOWLEDGMENT FORM MUST BE COMPLETED AND RETURNED AS PART OF 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

March 4, 1998

DAYS INN, DENNY'S AND WINNER'S PUB
437 SWAIN BLVD.
GREENACRES, FL 33463

Subject: DAYS INN, DENNY'S AND WINNER'S PUB

REGISTRATION NUMBER: G98063900004

This will acknowledge the cancellation of DAYS INN, DENNY'S AND WINNER'S PUB INC. G98028000129 and reregistration of the above fictitious name registration which was reregistered on March 4, 1998. This reregistration 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.

For information regarding fictitious names on file or to search the record call (904) 488-9000.

Should you have any questions regarding this matter you may contact our office at (850) 488-9000.

/jr
Division of Corporations

Letter No. 498A00011830

Proof
7



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

November 6, 1997

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES, FL 33134

The Articles of Incorporation for **SHIWANI INVESTMENT CORP.** were filed on November 6, 1997 and assigned document number **P97000095127**. Please refer to this number whenever corresponding with this office regarding the above corporation.

*Proof
6*

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: 597A00053679

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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1. Name of company or name of individual (not fictitious name or d/b/a):
SHIWANI INVESTMENT CORP.

2. Name under which applicant will do business (fictitious name, etc.):
DAY'S INN, DENNY'S AND WINNER'S PUB

3. Official mailing address:
Street: 1101 N. TEMPLE AVE.
P.O. Box: —
City: STARKE
State: FLORIDA Zip: 32091

4. Florida address:
Street: SAME AS ABOVE
P.O. Box: —
City: —
State: — Zip: —

5. Structure of organization:
 Individual
 Corporation
 General Partnership

DOCUMENT NUMBER - DATE
02624 MAR - 1 99
FPSC - RECORDS/REPORTING

SHIWANI INVESTMENT CORP
DAYS INN, DENNY'S AND WINNER'S PUB
1101 N TEMPLE AVE
STARKE, FL 32091-2114

1311

PAY TO THE ORDER OF Florida Public Service Commission DATE 2.27.99 \$ 100.00

One Hundred Only

DOLLARS



STARKE MAIN OFFICE
STARKE, FL
EIN # 65-0742394
FOR APPLICATION FEE -

M. Patel