

ORIGINAL

APPLICATION

001444 - TX

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

Original certificate (new company).

Approval of transfer of existing certificate: Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.

Approval of assignment of existing certificate: Example, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.

Approval of transfer of control: Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

Positive Investments Inc.

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

Reconnection Plus Inc

4. Official mailing address (including street name & number, post office box, city, state, zip code):

Reconnection Plus Inc.

501 Hwy 98 East Unit G, Destin Fl, 32541

P.O. Box 5701 Destin Fl, 32540

5. Florida address (including street name & number, post office box, city, state, zip code):

Reconnection Plus Inc.

501 Hwy 98 East Unit G, Destin Fl, 32541

P.O. Box 5701 Destin Fl, 32540

FORM PSC/CMU 8 (11/95)
Required by Commission Rule Nos. 25-24.805,
25-24.810, and 25-24.815

RECEIVED & FILED

Mun
FPSC-BUREAU OF RECORDS

2

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward a copy of check to RAR with proof of deposit.

Initials of person who forwarded check:

[Signature]

DOCUMENT NUMBER-DATE

11964 SEP 25 8

FPSC-RECORDS/REPORTING

6. Structure of organization:

- () Individual () Corporation
() Foreign Corporation () Foreign Partnership
() General Partnership () Limited Partnership
() Other _____

7. **If individual**, provide:

Name: N/A

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

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

- (a) The Florida Secretary of State corporate registration number:

P 97000107552

9. **If foreign corporation**, provide proof of authority to operate in Florida:

- (a) The Florida Secretary of State corporate registration number:

N/A

10. **If using fictitious name-d/b/a**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida:

- (a) The Florida Secretary of State fictitious name registration number:

N/A

11. **If a limited liability partnership**, provide proof of registration to operate in Florida:

(a) The Florida Secretary of State registration number:

N/A

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

Name: N/A

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

13. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.

(a) The Florida registration number: N/A

14. Provide **F.E.I. Number**(if applicable): 59-3488701

15. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. Provide explanation.

N/A

(b) an officer, director, partner or stockholder in any other Florida certified telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

N/A

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

(a) The application:

Name: David Arrington

Title: President

Address: 501 Hwy 98 East Unit G.

City/State/Zip: Destin Fl. 32540

Telephone No.: 850-933-4620 Fax No.: 850-269-4658

Internet E-Mail Address: david@arrington.net

Internet Website Address: N/A

(b) Official point of contact for the ongoing operations of the company:

Name: David Arrington

Title: President

Address: 501 Hwy 98 East Unit G.

City/State/Zip: Destin Fl. 32540

Telephone No.: 850-933-4620 Fax No.: 850-269-4658

Internet E-Mail Address: david@arrington.net

Internet Website Address: N/A

(c) Complaints/Inquiries from customers:

Name: David Arrington

Title: President

Address: 501 Hwy 98 East Unit G.

City/State/Zip: Destin Fl. 32540

Telephone No.: 850-933-4620 Fax No.: 850-269-4658

Internet E-Mail Address: David + gnt. Net

Internet Website Address: N/A

17. List the states in which the applicant:

(a) has operated as an alternative local exchange company.

NONE

(b) has applications pending to be certificated as an alternative local exchange company.

NONE

(c) is certificated to operate as an alternative local exchange company.

NONE

- (d) has been denied authority to operate as an alternative local exchange company and the circumstances involved.

NONE

- (e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

NONE

- (f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

NONE

18. Submit the following:

A. Financial capability.

The application **should contain** the applicant's audited financial statements for the most recent 3 years. If the applicant does not have audited financial statements, it shall so be stated.

The unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer **affirming that the financial statements are true and correct** and should include:

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

" See Attachment "

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.*

RECONNECTION PLUS, INC.
2510 A. North Monroe
Tallahassee, FL 32303

From: Positive Investment, Inc.

To: Florida Public Service Commission

Page 1: Reference page 7 paragraph A

See Attachment A
P&L for Reconnection Plus, Inc. for August 2000

See Attachment B
Projected Income Statement for year 2001

Reconnection Plus, Inc.
P&L Year-to-Date Comparison
August 2000

09/19/00

	Aug '00	Jan - Aug '00
Ordinary Income/Expense		
Income		
4010 · Sales	26,238.27	173,930.88
Total Income	26,238.27	173,930.88
Cost of Goods Sold		
5000 · Cost of Goods Sold	6,676.55	42,954.58
Total COGS	6,676.55	42,954.58
Gross Profit	19,561.72	130,976.30
Expense		
commissions	0.00	3,933.20
Contract Labor	0.00	25.00
Salaries	4,563.75	30,035.63
6115 · Advertising	708.00	15,927.40
6172 · Janitorial Serv.	20.33	116.63
6175 · Security Expense	80.15	606.78
6180 · Insurance		
6185 · Liability Insurance	0.00	396.00
6180 · Insurance - Other	0.00	248.14
Total 6180 · Insurance	0.00	644.14
6230 · Licenses and Permits	0.00	205.00
6240 · Miscellaneous	25.17	615.21
6250 · Postage and Delivery	116.13	422.24
6260 · Printing and Reproduction	0.00	58.58
6270 · Professional Fees		
6280 · Legal Fees	0.00	1,146.95
6650 · Accounting	0.00	1,469.25
Total 6270 · Professional Fees	0.00	2,616.20
6290 · Rent	2,757.78	20,889.35
6295 · Referral Fees	0.00	178.00
6340 · Telephone	1,085.51	7,502.90
6345 · Network Phone, Expense	7,111.71	56,094.02
6347 · Office Expense DA	450.00	450.00
6390 · Utilities	170.67	1,947.76
6560 · Payroll Expenses	1,181.64	6,856.33
6770 · Supplies		
6790 · Office	123.32	6,091.78
Total 6770 · Supplies	123.32	6,091.78
6820 · Taxes		
6830 · Federal	0.00	128.00
6850 · Property	0.00	75.00
6860 · State	21.28	1,629.47
Total 6820 · Taxes	21.28	1,832.47
6870 · Payroll Taxes	2,092.49	8,180.90
6999 · Uncategorized Expenses	0.00	0.00
857 · Network Bad Debt	888.29	2,905.98
Total Expense	21,396.22	168,135.50
Net Ordinary Income	-1,834.50	-37,159.20
Other Income/Expense		
Other Income		
6135 · Commissions	0.00	0.00
7030 · Other Income	0.00	4,500.00
Total Other Income	0.00	4,500.00
Net Other Income	0.00	4,500.00
Net Income	-1,834.50	-32,659.20

PROJECTED GROSS SALES FOR CALENDAR YEAR 2000 ARE \$290,000.00

Reconnection Plus, Inc.
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Total Other Income	0.00	4,500.00
Net Other Income	0.00	4,500.00
Net Income	-1,834.50	-32,659.20

PROJECTED GROSS SALES FOR CALENDAR YEAR 2001 ARE \$350,000.00

Further, the following (which includes supporting documentation) should be provided:

1. **written explanation** that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
 2. **written explanation** that the applicant has sufficient financial capability to maintain the requested service.
 3. **written explanation** that the applicant has sufficient financial capability to meet its lease or ownership obligations.
- B. Managerial capability: give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.
- C. Technical capability: give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.

"See Attachment"

RECONNECTION PLUS, INC.
2510 A North Monroe
Tallahassee, FL 32303

From: Positive Investment, Inc.

To: Florida Public Service Commission

Page 2: Reference page 8 paragraphs 1, 2, & 3

Positive Investments, Inc. will be selling shares of the Company to raise additional capital to fund Alternative Local Exchange Service, within the State of Florida.

Also, Positive Investments, Inc. will be acquiring lines of credit thru various banks.

**** APPLICANT ACKNOWLEDGMENT STATEMENT ****

1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of 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 intra and interstate business.
3. **SALES TAX:** I understand that 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 \$250.00 must be submitted with the application.

UTILITY OFFICIAL:

Signature	<u>M. Hyatt</u>	Date	<u>9/18/00</u>
Title	<u>President</u>	Telephone No.	<u>850-933-4620</u>
Address:	<u>501 Hwy 98 East</u>	Fax No.	<u>850-269-4658</u>
	<u>Unit G, Destin Fl. 32541</u>		
	<u>P.O. Box 5701 Destin Fl. 32540</u>		

ATTACHMENTS:

- A - CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT
- B - INTRASTATE NETWORK
- C - AFFIDAVIT

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 company 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."

UTILITY OFFICIAL:

Signature	<u>M. O. G. Jr.</u>	Date	<u>9/18/05</u>
Title	<u>President</u>	Telephone No.	<u>850-933-4620</u>
Address:	<u>501 Hwy 98 East</u>	Fax No.	<u>850-269-4658</u>
	<u>Unit 6, Nestin Fl. 32541</u>		
	<u>P.O. Box 5701 Nestin Fl. 32540</u>		

APPLICATION

001444 - TX

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

Original certificate (new company).

Approval of transfer of existing certificate: Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.

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

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4. Official mailing address (including street name & number, post office box, city, state, zip code):

Reconnection Plus Inc.

501 Hwy 98 East Unit G, Destin Fl, 32541

P.O. Box 5701 Destin Fl, 32540

Check received with filing and forwarded to Fiscal for deposit.

Fiscal to be forwarded to RAR with

1002

Initials of person who forwarded check:

[Handwritten initials]

63-2/630
BRANCH 00170

DATE 9/25/08

PAY TO THE ORDER OF

Florida Public Service Commission
Two Hundred Fifty

\$ 250.00

DOLLARS Security features included. Details on back.

FIRST UNION
First Union National Bank
firstunion.com
R/T 063000021

CUSTOM BUSINESS BANKING

FOR

[Handwritten signature]

⑈001002⑈