

**** FLORIDA PUBLIC SERVICE COMMISSION ****

DIVISION OF REGULATORY OVERSIGHT
CERTIFICATION SECTION

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

8-TX

Instructions

This form is used as an application for an original certificate and for approval of the assignment or transfer of an existing certificate. In the case of an assignment or transfer, the information provided shall be for the assignee or transferee (See Page 12).

Print or type all responses 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.

Once completed, submit the original and six (6) copies of this form along with a non-refundable application fee of **\$250.00** to:

Florida Public Service Commission
Division of Records and Reporting
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6770

If you have questions about completing the form, contact:

Florida Public Service Commission
Division of Regulatory Oversight
Certification Section
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6480

APPLICATION

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:

STAR Phone Reconnect Incorporated

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

N/A

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

1431 N.W. 3rd Street
BONITA BEACH FL 33435

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

1431 N.W. 3rd Street
BOYNTON BEACH FL 33435

6. Structure of organization:

- | | |
|--|---|
| <input type="checkbox"/> Individual | <input checked="" 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"/> 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:

PD2000036172

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): 01-0636435

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.

YES, bankruptcy-discharged 12/6/97 CASE# 97-34157-P6H

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

NO

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

(a) The application:

Name: Subrina Johnson
Title: PRESIDENT
Address: 1431 N.W. 3 Street
City/State/Zip: MYRTON BEACH FL. 33435
Telephone No: (561) 731-1694 Fax No.:
Internet E-Mail Address: mayesPmayes@454@aol.com
Internet Website Address:

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

Name: Sabrina Johnson
Title: President
Address: 1431 N.W. 3rd Street
City/State/Zip: Builton Beach Fl. 33485
Telephone No: (561) 731-1694 Fax No.: _____
Internet E-Mail Address: MAYES.DMAYES6454@aol.com
Internet Website Address: _____

(c) Complaints/Inquiries from customers:

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

17. **List the states in which the applicant:**

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

N/A

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

N/A

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

N/A

Sabrina Banks Johnson

608 S. W. 1st Street
Boynton Beach, FL 33435
(561) 731-1694

Objective:

To secure a challenging position in which I can fully utilize my communication and management skills.

Qualifications:

I have excellent interpersonal skills, I have experience with a variety of computer systems. My telephone etiquette is outstanding. I have an extensive background with office equipment, office procedures, and I'm very knowledgeable with Medical Terminology.

Education

1994: Palm Beach Community College
Courses Taken and Completed: ICD-9 Coding, CPT-4 Coding, Medical Terminology, Anatomy, Physiology and Computer Courses

Experience

1989-2002 Straghn & Son Tri-City Funeral Home
Job Title: Funeral Director Assistant
26 S. W. 5th Avenue
Delray Beach, FL
Contact Person: Ms. Mattie Patrick - (561) 272-8396
Duties: Comfort the bereaved family before arrangements, sings for the family and congregation in the church and announce acknowledgments. (works only on Saturday's)

1-1999-2-2000 United States Postal Services
1530 West Boynton Beach Blvd.
Boynton Beach, FL 33436-9998
(561) 738-5220 ~ Fax: (561) 737-8079
Job Title: Casual Clerk
Contact Person: Kathy and Richard Fermo

6-26-2000 - Mastec Wireless Services
3600 S. Congress Avenue
Boynton Beach, FL 33426
1-800-683-4491 ext. 229
Contact Person: Thomas Spano
Duties: Administrative Assistant

2-28-2000-2001 Option One Office Staffing & Management
5100 N. W. 33rd Avenue Suite #261
Ft. Lauderdale, FL 33309
(954) 717-3560
Contact person: Kristen Dorm or Jason (Managers)

Employer: Mastec Network services Temporary Position)
Job Title: Administrative Assistant
Contact Person: Paul Ryba (Manager)
3600 S. Congress Avenue
Boynton Beach, FL 33426
1-800-683-4491 Ext. #239

8-1996-1998 Bone and Joint Orthopedics Center
Dr. Montijo
State Road 7
Royal Palm Beach, FL
Job Title: Medical Records Clerk
Duties: File Medical Charts, Process medical records for attorney's office, Assemble and analyze all patient charts
Contact Person: Velma Montijo

1993-1996 Palm Beach Regional Hospital
Job Title: Medical Records Clerk
2829 North 10th Avenue
Lake Worth, FL 33462
(561) 965-7300
Contact Person: Tina Donaho
Duties: Process admissions and discharges for all patients. Answer all Process, Assemble and analyze all patient charts. transcription and other document charting for in-house and discharged patients. Recheck charts in the doctor's incomplete chart room to make sure the doctor completes all his charts in a timely manner.
Receptionist for medical records and Instructed other medical record employees on how to use the new computer system.

- 7-91 - 2-93 Palm Beach Regional Hospital**
 Job Title: Imaging Receptionist - Transporter
 Duties: Efficiently process all doctor's orders for CT Scan, X-Ray, Ultrasound, Nuclear Medicine and Mammograms. Efficiently transport patients from all those procedures. Accurately file and send all patients results to the doctor's offices and enter all patient information in the computer system. Help patients and physicians. Set up X-Ray files and Develop X-Ray for Technology.
- 8-90 - 12-91 JFK Medical Center Diagnostic**
 Job. Title: Receptionist and Transporter
 Duties: Transport and deliver laboratory reports and specimens to other facilities, also delivered supplies. Front desk receptionist, order entry clerk and maintain other clerical duties concerning laboratory cultures.
- 1990 - 1991 Fannie's Soul Food**
 Job Title: Waitress, Baker, Cook
 1550 N. Federal Hwy.
 Boynton Beach, FL 33435
 Duties: Responsibility included baking pies and cakes. Greeting, seating and serving the customers lunch and dinner. Also served as a back up cook
 Supervisor: Laquitta Bouie (561) 585-5488
- 1987-1989 Publix**
 Job Title: Cashier, Stock and Customer Service
 4171 West Road
 Delray Beach, FL
 (561) 276-5214
 Contact Person: Mr. North
- 1987 Winn Dixie**
 Job Title: Cashier, Stock and Customer Service
 (561) 561-8911
 Duties: Ring up and bagging of Customer items, stocking and pricing

Activities:

I've attended church regularly all my life and sing in choir. Also, I sing for the Funeral Home every weekend. I like to outdoors, exercise, I also like to read and bake. I extensively enjoy spending time with family and friends. I love serving mankind by trying to help people in need.

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

N/A

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

N/A

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

N/A

18. Submit the following:

A. Managerial capability: give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.

See Attached Resume.

B. 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.

BellSouth provides services.

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.

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.

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.

- 1.) Balance Sheet - new company records not available at this time.
- 2.) Income Statement - new company records not available at this time.
- 3.) Statement of Retained Earnings - new company records not available at this time.

THIS PAGE MUST BE COMPLETED AND SIGNED
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:

Sabrina Johnson
Print Name

[Signature]
Signature

President
Title

APRIL 9, 2002
Date

(561) 731-1694
Telephone No.

Fax No.

Address: 1431 N.W. 3rd Street
Boynton Beach FL 33435

THIS PAGE MUST BE COMPLETED AND SIGNED

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:

Sabrina Johnson

Print Name

President

Title

(561) 731-1694

Telephone No.

[Signature]

Signature

April 9, 2002

Date

Fax No.

Address:

1431 N.W. 3rd Street
Boynton Beach FL 33435

INTRASTATE NETWORK (if available)

Chapter 25-24.825 (5), Florida Administrative Code, requires the company to make available to staff the alternative local exchange service areas only upon request.

1. POP: Addresses where located, and indicate if owned or leased.

- | | |
|---------------|---------------|
| 1) <u>N/A</u> | 2) <u>N/A</u> |
| _____ | _____ |
| 3) _____ | 4) _____ |
| _____ | _____ |

2. SWITCHES: Address where located, by type of switch, and indicate if owned or leased.

- | | |
|---------------|---------------|
| 1) <u>N/A</u> | 2) <u>N/A</u> |
| _____ | _____ |
| 3) _____ | 4) _____ |
| _____ | _____ |

3. TRANSMISSION FACILITIES: POP-to-POP facilities by type of facilities (microwave, fiber, copper, satellite, etc.) and indicate if owned or leased.

- | <u>POP-to-POP</u> | <u>OWNERSHIP</u> |
|-------------------|------------------|
| 1) <u>N/A</u> | <u>N/A</u> |
| 2) _____ | _____ |
| 3) _____ | _____ |
| 4) _____ | _____ |

CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT

I, (Name) N/A
(Title) _____ of (Name of Company) _____

and current holder of Florida Public Service Commission Certificate Number # _____
_____, have reviewed this application and join in the petitioner's request for a:

- () sale
- () transfer
- () assignment

of the above-mentioned certificate.

UTILITY OFFICIAL:

SUBIRNA JOHNSON
Print Name

President
Title

(561) 731-1694
Telephone No.

[Signature]
Signature

April 9, 2002
Date

Fax No.

Address: 1431 N.W. 3rd Street
Boynton Beach FL 33435

