

ORIGINAL

STATE OF FLORIDA
OFFICE OF THE COMPTROLLER
APPLICATION FOR REFUND

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Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Comptroller, except as otherwise provided herein, within 3 years after the right to such refund shall have accrued else such right shall be barred." Three years is generally interpreted as meaning three years from the date of payment into the State treasury. The Comptroller has delegated the authority to accept applications for refund to the unit of State government which initially collected the money.

COMMISSION CLERK

030478-TI

Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section 367.071(3)*, Florida Statutes, I hereby apply for a refund of moneys I paid into the State treasury, which are subject to refund. The following information is submitted to substantiate the claim.

Name: Advanced Tel Inc., d/b/a ATI FEIN or SS No 33-0673925

Address: 30575 Trabuco Canyon Road, Suite 200, Trabuco Canyon, CA 92679-3034

Amount: \$250.00 Date Paid May 23, 2003

Reason for Claim: The payment is the filing fee for California Advanced Tel, Inc. d/b/a ATI's registration as an intrastate interexchange telecommunications company. Pursuant to the Tele-Competition Innovation and Infrastructure Enhancement Act, which took effect on May 23, 2003, no filing fee is required when an IXC company registers with the Public Service Commission.

CERTIFIED TRUE AND CORRECT this 9TH day of SEPTEMBER, 2003

Signature [Handwritten Signature]

COMMISSION CLERK

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* Must be completed if authority is other than Section 215.26, Florida Statutes.

(FOR AGENCY USE ONLY)

Agency recommends approval of the above claim and submits the following information to substantiate the claim: Amount of recommended refund \$ 250.00

The amount requested above was originally deposited into the State treasury as a part of the funds deposited on State Treasurer's Receipt No. 115107 dated 6/5/03

NAME OF ACCOUNT: _____

ACCOUNT CODE																										
6	1	5	0	2	5	7	3	0	0	3	6	1	0	1	0	0	0	0	0	0	0	1	0	0	0	0

Statutory Authority for Collection: _____
It is requested that payment be made from the following account:

NAME OF ACCOUNT: _____

ACCOUNT CODE																											
6	1	5	0	2	5	7	3	0	0	3	6	1	0	1	0	0	0	0	0	2	2	0	0	2	0	0	0

CERTIFIED TRUE AND CORRECT this 12th day of September, 2003

Florida Public Service Commission
Agency

[Handwritten Signature]
Signature of Authorized Person

Finance & Acct. Dir.
Title

DOCUMENT NUMBER-DATE
08963 SEP 19 8
FPSC-COMMISSION CLERK

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