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| | 1. | Name of company of name of individual (not fictitious name of d/b/a): NINETEL INC |
|---|----|--|
| | 2. | Name under which applicant will do business (fictitious name, etc.): |
| | 3. | Official mailing address: Street: 7382 NW 35 TER Street: 382 NW 35 TER |
| | | P.O. Box: City: M/A M State: FLORIDA Zip: 33/22 |
| CMP | 4. | Florida address: Street: 8600 NW 53 TER P.O. Box: City: MAMI State: FLO PLIDA |
| ECR ECR ECL ECL ECC ECA ECA ECG ECG ECG | 5. | Structure of organization: () Individual (>>) Corporation () General Partnership () Limited Partnership () Other: |
| OTH | 6. | If incorporated in Florida, provide proof of authority to operate in Florida: Florida Secretary of State Corporate Registration Number: P0300076426 |

Form PSC/CMU-32 (02/99)
Required by Commission Rule Nos. 25-24.510 & 25-24.511
File Name: cmu-32.doc

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FPSC-COMMISSION OF FRE