#### Section 1 - Bureau of Records Completes

Docket No.  $\underline{050451-TX}$  Date Docketed:  $\underline{06/30/2005}$  Title: Application for certificate to provide competitive local exchange telecommunications service by D-Tel, Inc. d/b/a

Amigos Telefonica.

Company: D-Tel, Inc.

D-Tel, Inc. d/b/a Amigos Telefonica

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Where one Commissioner, a Hearing Examiner or a Staff Member is assigned the full Commission decides the case.

Commissioners

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Approved: Date:

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Commissioners

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Section 1 - Bureau of Records Complete

Docket No.  $\underline{050451\text{-}TX}$  Date Docketed:  $\underline{06/30/2005}$  Title: Application for certificate to provide competitive local exchange telecommunications service by D-Tel, Inc. d/b/aAmigos Telefonica.

Company: D-Tel, Inc. d/b/a Amigos Telefonica

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Docket No. 050451-TX Date Docketed: 06/30/2005 Title:

Request for approval of name change on CLEC Certificate No. 8009 from D-Tel, Inc. to D-Tel, Inc. d/b/a Amigos Telephonica,

effective June 30, 2005.

Company: D-Tel, Inc.

D-Tel, Inc. d/b/a Amigos Telephonica

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Approved: Date:

Commissioners

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#### Section 1 - Bureau of Records Completes

Docket No. 050451-TX Date Docketed: 06/30/2005 Title:

Request for approval of name change on CLEC Certificate No.

8009 from D-Tel, Inc. to D-Tel, Inc. d/b/a Amigos Telephonica,

effective June 30, 2005.

Company: D-Tel, Inc.

D-Tel, Inc. d/b/a Amigos Telephonica

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the identical panel decides the case.

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Approved: Date:

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### STATE OF FLORIDA

COMMISSIONERS: BRAULIO L. BAEZ, CHAIRMAN J. TERRY DEASON RUDOLPH "RUDY" BRADLEY LISA POLAK EDGAR



DIVISION OF THE COMMISSION CLERK & ADMINISTRATIVE SERVICES
BLANCA S. BAYÓ, DIRECTOR
(850) 413-6770 (CLERK)
(850) 413-6330 (ADMIN)

# Hublic Service Commission

July 1, 2005

Matthew Schulman Regnum Group, Inc. 7999 NW 53 Street Miami, Florida 33166

Re: Docket No. 050451-TX

Dear Mr. Schulman:

This will acknowledge receipt of an application for certificate to provide competitive local exchange telecommunications service by D-Tel, Inc. d/b/a Amigos Telefonica, which was filed in this office on June 30, 2005, and assigned the above-referenced docket number. Appropriate staff members will be advised.

Mediation may be available to resolve any dispute in this docket. If mediation is conducted, it does not affect a substantially interested person's right to an administrative hearing. For more information, contact the Office of General Counsel at (850) 413-6248 or FAX (850) 413-7180.

Please note as well that the Commission's Statement of Agency Organization and Operations, requires certificated companies to notify the Commission of any changes in name, telephone, address, or contact person. Should your application be granted by the Commission, you will be expected to comply with this requirement by advising us of any changes as they occur.

Bureau of Records

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12910-05

**Kimberley Pena** 

0 50451

From:

Kay Flynn

Sent:

Tuesday, July 12, 2005 10:59 AM

To:

Ray Kennedy

Cc: Ra

Raquel Tully; Kimberley Pena

Subject: refund

Ray, the money has already been deposited, so the memo will need to indicate the refund process should be initiated.

Kay

COMMISSIONERS:
BRAULIO L. BAEZ, CHAIRMAN
J. TERRY DEASON
RUDOLPH "RUDY" BRADLEY
LISA POLAK EDGAR

### STATE OF FLORIDA



DIVISION OF THE COMMISSION CLERK & ADMINISTRATIVE SERVICES
BLANCA S. BAYÓ
DIRECTOR
(850) 413-6770 (CLERK)
(850) 413-6330 (ADMIN)

### Hublic Service Commission

July 22, 2005

Mathew Schulman Regnum Group, Inc. Regulatory & Communications Consultants 7999 NW 53 Street Miami, FL 33166

Re: Application for Refund in Docket 050451-TX - Request for approval of name change on CLEC Certificate No. 8009 from D-Tel, Inc. to D-Tel, Inc. d/b/a Amigos Telephonica, effective June 30, 2005.

Dear Mr. Schulman:

Enclosed is an Application for Refund to address the filing fee received in the above mentioned docket. Please sign and date the application and return it to us at your earliest convenience. Thank you very much for your assistance in this matter. Please feel free to contact us at 850-413-6770, if you have any questions or need further assistance.

Sincerely,

Kay Flynn, Chief Bureau of Records

## STATE OF FLORIDA DEPARTMENT OF FINANCIAL SERVICES APPLICATION FOR REFUND

Section 215.26, Florida Statutes, states in part: "Applications for refunds as provided in this section shall be filed with the Chief Financial Officer, 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 Chief Financial Officer has delegated the authority to accept applications for refund to the unit of State government, which initially collected the money. Pursuant to the provisions of Rule 3A-44.020, Florida Administrative Code, and Section 215.26, Florida Statutes, or Section \_\_\_\_\_\*, 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: Regnum Group, Inc. FEIN or SS No Address: 7999 NW 53 Street, Miami FL 33166 Amount: <u>\$250.00</u> Date Paid <u>6/30/05</u> Reason for Claim: The payment is a filing fee for D-Tel, Inc. d/b/a Amigos Telephonica's application for certificate to provide competitive local exchange telecommunications service. Commission staff has determined that a name change action is the appropriate action required, and the fee is not applicable for such action. Therefore, a refund payment of \$250 should be processed. CERTIFIED TRUE AND CORRECT this day of \_\_\_\_\_\_\_\_, \* 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.\_\_\_\_\_\_ dated \_\_\_\_\_\_ NAME OF ACCOUNT:\_\_\_\_ ACCOUNT CODE Statutory Authority for Collection: It is requested that payment be made from the following account: NAME OF ACCOUNT:\_\_\_\_ ACCOUNT CODE CERTIFIED TRUE AND CORRECT this \_\_\_\_\_day of \_\_\_\_\_\_, \_\_\_\_\_

Signature of Authorized Person

Title

DFS-A2-4 REV 07/03

Agency