

080560-TC

FLORIDA PUBLIC SERVICE COMMISSION
DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT

RECEIVED
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APPLICATION FORM
for

DEPOSIT DATE

864 - AUG 19 2008

AUTHORITY TO PROVIDE PAY TELEPHONE SERVICE
WITHIN THE STATE OF FLORIDA

Ch# 24529
\$ 250.00
8/15/08
RT

Instructions

- A. This form is used as an application for an original certificate and for approval of sale, assignment or transfer of an existing certificate. In the case of a sale, assignment or transfer, the information provided shall be for the purchaser, assignee or transferee (See Page 8).
- B. Print or type all responses to each item requested in the application and appendices. If an item is not applicable, please explain.
- C. Use a separate sheet for each answer which will not fit the allotted space.
- D. Once completed, submit the original and two (2) copies of this form along with a non-refundable application fee of \$250.00 to:

Florida Public Service Commission
 Division of the Commission Clerk and Administrative Services
 2540 Shumard Oak Blvd.
 Tallahassee, Florida 32399-0850
 (850) 413-6770

- E. A filing fee of \$250.00 is required for the sale, assignment or transfer of an existing certificate to another company (Chapter 25-24.512, F.A.C.).

- F. If you have questions about completing the form, contact:

Florida Public Service Commission
 Division of Competitive Markets and Enforcement
 2540 Shumard Oak Blvd.
 Tallahassee, Florida 32399-0850
 (850) 413-6600

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FORM PSC/CMP-32 (01/06)
 Required by Commission Rule Nos. 25-24.511
 and 25-24.512

Note: To complete this interactive form
 using your computer, use the tab key
 to navigate between data entry fields.

07427 AUG 19 08

FPSC-COMMISSION CLERK

THIS FILING RELATES TO
DOCKET NO. 080296-TC.

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 authority rather than apply for a new certificate.

Approval of Assignment of existing Certificate: Example, a certificated company purchases an existing company and desires to retain the existing certificate of authority and tariff.

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

2. Name of company: COMMERCIAL PAY PHONES, INC.

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

COMMERCIAL PAY PHONES, INC. DBA COM-TEL

4. Official mailing address:

Street/Post Office Box: 8510 NW 56 ST
City: MIAMI
State: FL
Zip: 33166

5. Florida address:

Street/Post Office Box: 8510 NW 56 ST
City: MIAMI
State: FL
Zip: 33166

6. Structure of organization:

Individual
 Foreign Corporation
 General Partnership
 Other,

Corporation
 Foreign Partnership
 Limited Partnership

7. **If individual**, provide:

Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

8. **If incorporated in Florida**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: P93000041342
9. **If foreign corporation**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is:
10. **If using fictitious name (d/b/a)**, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida. The Florida Secretary of State fictitious name registration number is: G08122900275
11. **If a limited liability partnership**, please proof of registration to operate in Florida. The Florida Secretary of State registration number is:
12. **If a partnership**, provide name, title and address of all partners and a copy of the partnership agreement.

Name:
Title:
Street/Post Office Box:
City:
State:
Zip:
Telephone No.:
Fax No.:
E-Mail Address:
Website Address:

13. **If a foreign limited partnership**, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable. The Florida registration number is:

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Detail by Entity Name

Florida Profit Corporation

COMMERCIAL PAY PHONES, INC.

Filing Information

Document Number P93000041342**FEI Number** 251711482**Date Filed** 06/07/1993**State** FL**Status** ACTIVE**Last Event** MERGER**Event Date Filed** 04/07/2008**Event Effective Date** NONE

Principal Address

8510 N.W. 56TH STREET
MIAMI FL 33166

Mailing Address

8510 N.W. 56TH STREET
MIAMI FL 33166

Registered Agent Name & Address

MOORE, W. ROGERS P.A.
1900 GLADES RD.
SUITE 401
BOCA RATON FL 33431 US

Name Changed: 07/09/2004

Address Changed: 07/09/2004

Officer/Director Detail

Name & Address

Title D

KLIGMANN, EUGENE W
2745 STIRRUP LANE
FT LAUDERDALE FL

Title D

STEWART, JOHN H JR.
5172 NW 106 AVE
MIAMI FL

Title D

STEWART, JOHN H
23825 S.W. 144TH AVENUE
MIAMI FL 33032

Annual Reports

Report Year Filed Date

2006	01/19/2006
2007	01/09/2007
2008	02/01/2008

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Fictitious Name Detail

Fictitious Name

COIN-TEL

Filing Information

Document Number	G08122900275
Status	ACTIVE
Filed Date	05/01/2008
Expiration Date	12/31/2013
Current Owners	1
County	DADE
Total Pages	1
Events Filed	NONE
FEI Number	NONE

Mailing Address

8510 NW 56 STREET
MIAMI, FL 33166

Owner Information

COMMERCIAL PAY PHONES, INC.
8510 NW 56 STREET
MIAMI, FL 33166
FEI Number: 25-1711482
Document Number: P93000041342

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14. Provide F.E.I. Number(if applicable): 25-1711482

15. Who will serve as liaison to the Commission in regard to the following?

(a) The application:

Name: EUGENE KLIGMANN
Title: PRESIDENT
Street name & number: 8510 NW 56 ST
Post office box:
City: MIAMI
State: FL
Zip: 33166
Telephone No.: (305) 716-4910
Fax No.: (305) 592-4410
E-Mail Address: COMPANY@GATE.NET
Website Address:

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

Name: HYLTON LANDAUER
Title: CONTROLLER
Street name & number: 8510 NW 56 ST
Post office box:
City: MIAMI
State: FL
Zip: 33166
Telephone No.: (305) 716-4910
Fax No.: (305) 592-4410
E-Mail Address: HYLTON@COMIND.NET
Website Address:

(c) Complaints/Inquiries from customers:

Name: HYLTON LANDAUER
Title: CONTROLLER
Street/Post Office Box: 8510 NW 56 ST
City: MIAMI
State: FL
Zip: 33166
Telephone No.: (305) 716-4910
Fax No.: (305) 592-4410
E-Mail Address: HYLTON@COMIND.NET
Website Address:

16. List the states in which the applicant:

(a) has operated as a Pay Telephone Service provider.

FLORIDA

(b) has applications pending to be certificated as a Pay Telephone Service provider.

NONE

(c) is certificated to operate as a Pay Telephone Service provider.

FLORIDA

(d) has been denied authority to operate as a Pay Telephone Service provider and the circumstances involved.

NONE

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

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

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

(a) adjudged bankrupt, mentally incompetent (and not had his or her competency restored), or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. If so, provide explanation.

NONE

(b) granted or denied a pay telephone certificate in the State of Florida (this includes active and canceled pay telephone certificates). If yes, provide explanation and list the certificate holder and certificate number.

NONE

(c) 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.

NONE

THIS PAGE MUST BE COMPLETED AND SIGNED

REGULATORY ASSESSMENT FEE: I understand that all telephone companies must pay a regulatory assessment fee. Regardless of the gross operating revenue of a company, a minimum annual assessment fee, as defined by the Commission, is required.

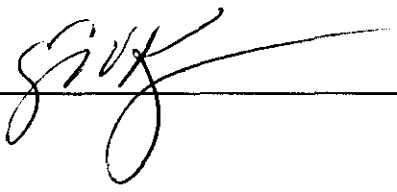
RECEIPT AND UNDERSTANDING OF RULES: I acknowledge receipt and understanding of the Florida Public Service Commission's rules and orders relating to the provisioning of pay telephone service (PATS) in Florida.

APPLICANT ACKNOWLEDGEMENT: 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 access vendor 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.**"

Company Owner or Officer

Print Name: **EUGENE KLIGMANN**
Title: **PRESIDENT**
Telephone No.: **(305) 716-4910**
E-Mail Address: **COMPAY@GATE.NET**

Signature: 

Date: 8/14/08

CERTIFICATE SALE, TRANSFER,
OR
ASSIGNMENT STATEMENT

As current holder of Florida Public Service Commission Certificate Number 3402, I have reviewed this application and join in the petitioner's request for a

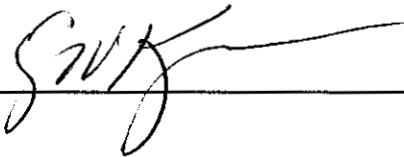
- sale
 transfer
 assignment

of the certificate.

Company Owner or Officer

Print Name: EUGENE KLIGMANN
Title: PRESIDENT
Street/Post Office Box: 8510 NW 56 ST
City: MIAMI
State: FL
Zip: 33166
Telephone No.: (305) 716-4910
Fax No.: (305) 592-4410
E-Mail Address: COMPANY@GATE.NET

Signature: _____



Date: _____

8/12/08