REQUEST TO ESTABLISH DOCKET								
		(F	Please type or print. File original	plus 1 copy with CLK.)				
Date:	4/23/20	010	Docket No.: 100199-TX					
1. From St	aff / Div	ision:	Pruitt/ Rad					
2. OPR:	RAD							
3. OCR: GCL								
4. Suggested Docket Title:		ket Title:	Compliance investigation of CLEC Certificate No. 5691, issued to Global NAPS, Inc., for apparent second-time violation of Rule 25-4.0161, F.A.C., Regulatory Assessment Fees; Telecommunications Companies.					
5. Program	n/Modu	le/Submod	ule Assignment:	A18a, A10				
6. Sugges	ted Doc	ket Mail Li	st.					
a. Pro	vide NA	MES/ACR	ONYMS, if registered company.	☐ Provided as an Attachment				
Company Code, if applicable:		Parties (include address, if different from MCD):		Representatives (name and address):				
b. Pro	vide CC	MPLETE I	NAME AND ADDRESS for all othe	ers. (match representatives to companies)				
Company Code, if applicable:		Interested persons, if any, (include address, if different from MCD):		Representatives (name and address):				
7. Check o		⊠ Supp	orting Documentation Attached	☐ To be provided with Recommendation				
			CLERK COMMISSION 10 APR 22 PM 3: 34	COM APA ECR GCL 200LYEST NIVEER-DAT	٤			

BECEINED-EDEC

PSC\CLK 010-C (Rev. 04/09)

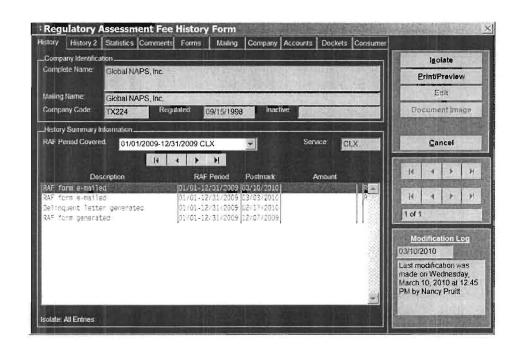
GCL ___ RAD ___ SSC ____ OPC CLK // 6

DOLLMENT REMERS - DATE 3 | 40 APR 22 9

FYSC+CURN ISSION CLERY G:\Compliance ESTABLISH DOCKET.doc

TX224-09-0-D

SENDER: COMPLETE THIS SECTION	Į.	COMPLETE THIS SECTION ON DELIVERY		
 Complete Items 1, 2, and 3. Also conlitem 4 if Restricted Delivery is desired. Print your name and address on the riso that we can return the card to you attach this card to the back of the more on the front if space permits. Article Addressed to: TX224 Global NAPS, Inc. 89 Access Road, Suite B 	d. reverse	B. Received by (Printed Name) D. Is delivery address different from Item 1 If YES, enter delivery address below:	☐ Agent ☐ Addressee Date of Delivery	
Norwood, MA 02062-5232		3. Service Type A Certifled Mail	t for Merchandise	
Article Number (Transfer from service label)	7009 3	410 0002 4112 0752		
PS Form 3811 February 2004	Domestic Reti	um Becelot	102595-02-M-1540	

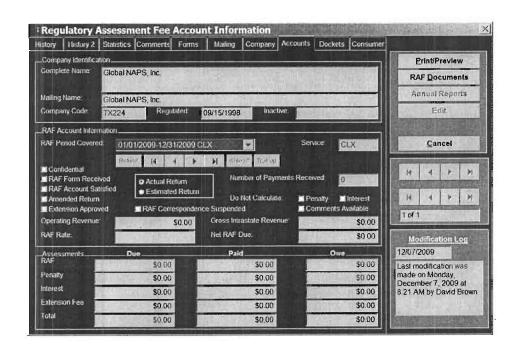


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Competitive Local Exchange Company Regulatory Assessment Fee Return

		Florida	Public Service C	ommission	FOR TSC USE ONLY		
STATU	S:		See Filing Instructions on Back o	of Form)	Check # NO Check		
Alettati Alettiini		TX224-09-0-R			\$ 06-03-001		
Estimated Return Globa		Global NAPS,	Inc.		.003001		
Am	ended Return	89 Access Roa	d, Suite B		\$E		
		Norwood, MA			S P 06-03-001		
PERIO	D COVERED:	i toi wood, itii i	02002 3232		004011		
	9 TO 12/31/2009				s		
					Postmark Date		
					Initials of Preparer		
		Please Complete	Below If Official Mailing	Address Has Changed			
7	WILLIAM OF		×	a a l 200 /	5.00.0000000000000000000000000000000000		
300	INHS, IC	K^{-} DI	o Freedy	7X1+ KD (MICH THE CONO		
	(Name of Company)		(Addr č ss)		(City/State) (Zip)		
LINE				FLORIDA GRO	220		
NO.	ACCO	UNT CLASSIFICATION	<u> </u>	OPERATING REV			
١.	Basic Local Services			\$	\$		
2.	Long Distance Services (I	ntraLATA only)(1)					
3.	Access Services						
4. 5.	Private Line Services Leased Facilities & Circu	ite Carricae			}		
6.	Miscellaneous Services	its Services					
	TOTAL DEVENUES				•		
7. 8.	TOTAL REVENUES LESS: Amounts Paid to C	other Telecommunication	s Companies(2)		³ 		
				it Fee Calculation (Line 7 le	ess Linc 8) \$		
9. 10.	Regulatory Assessment Fe			it ree Calculation (Line / i	ess Line 8)		
11.	Penalty for Late Payment						
12.	Interest for Late Payment						
13.	Extension Payment Fee (s	ee "4. Extension " on bac	k)				
14.	TOTAL AMOUNT DUE	(\$600.00 MINIMUM)			\$(3)		
	(1) Other long distance re	evenue must be listed on	he Interexchange Regulate	ory Assessment Fee Return			
	(2) These amounts must be	oe intrastate only and mu	st be verifiable (see "2. Fee	es" on back).			
	Section 364.336, Flor		company, a minimum ann	iual regulatory assessment	fee of \$600 shall be imposed as provided in		
	B (B 1)	4.45.5	CURRENT COMPANY	STATUS			
(X) Facilitie	es-Based Provider	(★) Res () Oth					
		-					
Complete b	elow if billing agent is other	then yourself	BILLING INFORMA	ATION			
Complete 0	iciow ii billing ageni is other	than yoursen.			()		
	(Name)		(Address: C	ity/State/Zip)	(Telephone)		
			COMPANY INFORM	ATION			
Do you leas	se telecommunications' facili	ties? () YES () NO	ATTON			
	o do you lease these facilities		7.1.4				
Address: _							
				-			
					he best of my knowledge and belief the above		
	is a true and correct stateme				nowingly makes a false statement in writing with		
	117	nec or ma on	5 MANIA	C	опо отв. У		
<u> </u>	, , , ,		DC ICH II				
/	(Signature of Company	Official)		(Title)	(Date)		
Telephone Number (107 - SU7-S100 Fax Number (18) -71 G-101							
(Pi	reparer of Form - Please	Print Name)	***				
			F.E.I. No. 51	<u>C3771</u>			
noo:::::	007 (0 10/07)						
PSC/RAD	007 (Rev. 12/09)			C-\DOCUME-1-dbi	own LOCALS-1\Temp\foxiiicrge42908176\xximergeformxx doc		

Larry 617 - 507 - 5113



Start □ # Regulator... Inbox - Micr... Compliance... Regulator...