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COMMISSION CLERK

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May 16, 2013
Via Overnight Delivery

Florida Public Service Commission
Office of Commission Clerk
2540 Shumard Oak Boulevard
Tallahassee, FL 32399-0850

MAY 24 2013 3 36

CK# 51787
\$ 250.00
5-20-13

130146-TC

RE: WiMacTel, Inc.
Application Form for Authority to Provide Pay Telephone Within the State of Florida

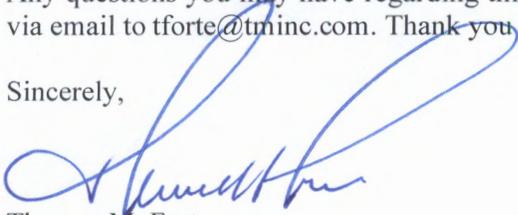
Dear Ms. Cole:

Enclosed for filing please find the original and one (1) copy of the Application Form for Authority to Provide Pay Telephone Within the State of Florida submitted on behalf of WiMacTel, Inc. Also enclosed is a check in the amount of \$250.00 to cover the filing fee.

Please acknowledge receipt of this filing by date-stamping the extra copy of this cover letter and returning it to me in the self-addressed, stamped envelope provided for that purpose.

Any questions you may have regarding this filing should be directed to my attention at 407-740-3001 or via email to tforte@tminc.com. Thank you for your assistance in this matter.

Sincerely,


Thomas M. Forte
Consultant to WiMacTel, Inc.

cc: James MacKenzie (Via E-Mail) - WiMacTel
file: WiMacTel - Florida - Other
tms: FLx1300

Enclosures
TF/mp

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DOCUMENT NUMBER-DATE

02829 MAY 22 2013

FPSC-COMMISSION CLERK

**FLORIDA PUBLIC SERVICE COMMISSION
OFFICE OF TELECOMMUNICATIONS**

**APPLICATION FORM
FOR
AUTHORITY TO PROVIDE PAY TELEPHONE WITHIN THE STATE OF
FLORIDA**

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. 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 one copy of this form along with a non-refundable application fee of **\$250.00** to:

**Florida Public Service Commission
Office of Commission Clerk
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 25-24.12 F.A.C.).
- F. If you have questions about completing the form, contact:

**Florida Public Service Commission
Office of Telecommunications
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600**

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 of authority rather than apply for a new certificate.

2. Name of company: WiMacTel, Inc.

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

WiMacTel, Inc.

4. Official mailing address:

Street/Post Office Box: 2225 East Bayshore Road, Suite 200

City: Palo Alto

State: CA

Zip: 94303

5. Florida address:

Street/Post Office Box: 515 East Park Avenue

City: Tallahassee

State: FL

Zip: 32301

6. Structure of organization:

Individual

Foreign Corporation

General Partnership

Other, please specify:

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: _____

9. **If foreign corporation**, provide proof of authority to operate in Florida. The Florida Secretary of State corporate registration number is: F10000002547

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: _____

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 (Section 620.1901, FS), if applicable. The Florida registration number is: _____

14. Provide **F.E.I. Number:** 32-0309631

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

(a) The application:

Name: Thomas M. Forte
Title: Consultant
Street Name & Number: 2600 Maitland Center Parkway, Suite 300
Post Office Box: _____
City: Maitland
State: FL
Zip: 32751
Telephone No.: (407) 740-3001
Fax No.: (407) 740-0613
E-Mail Address: tforte@tminc.com
Website Address: www.tminc.com

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

Name: James MacKenzie
Title: President and CEO
Street Name & Number: 2225 East Bayshore Road, Suite 200
Post Office Box: _____
City: Palo Alto
State: CA
Zip: 94303
Telephone No.: (800) 820-4680
Fax No.: (877) 476-0890
E-Mail Address: jmackenzie@wimactel.com
Website Address: www.wimactel.com

(c) Complaints/Inquiries from customers:

Name: James MacKenzie
Title: President and CEO
Street/Post Office Box: 2225 East Bayshore Road, Suite 200
City: Palo Alto
State: CA
Zip: 94303
Telephone No.: (888) 476-0881
Fax No.: (877) 476-0890
E-Mail Address: jmackenzie@wimactel.com
Website Address: www.wimactel.com

THIS PAGE MUST BE COMPLETED AND SIGNED

REGULATORY ASSESSMENT FEE: As stated in Rule 25-4.0161, Regulatory Assessment Fees; Telecommunications Companies, 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. 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.**"

I understand that any false statements can result in being denied a certificate of authority in Florida.

COMPANY OWNER OR OFFICER

Print Name: James MacKenzie
Title: President and CEO
Telephone No.: (800) 820-4680
E-Mail Address: jmackenzie@wimactel.com

Signature:  Date: 5/7/2013

