

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 6).
- 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 25-24.512 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**

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FORM PSC/TEL 32 (2/13)
Application to Provide Pay Telephone Service
Within the State of Florida - Commission Rule No. 25-24.511
and 25-24.512

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: Central Florida Haven of Hope Ministries, Inc.

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

Central Florida Haven of Hope Ministries, Inc.

4. Official mailing address:

Street/Post Office Box: 1902 W. Colonial Drive

City: Orlando

State: Florida

Zip: 32804

5. Florida address:

Street/Post Office Box: 1902 W. Colonial Drive

City: Orlando

State: Florida

Zip: 32804

6. Structure of organization:

- Individual
- Foreign Corporation
- General Partnership
- Other

- Corporation
- Foreign Partnership
- Limited Partnership

7. **If individual**, provide: N/A

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: N95000004725

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

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: N/A

11. **If a limited liability partnership**, please proof of registration to operate in Florida. The Florida Secretary of State registration number is: N/A

12. **If a partnership**, provide name, title and address of all partners and a copy of the partnership agreement. N/A

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, F.S.), if applicable. The Florida registration number is: N/A

14. Provide **F.E.I. Number**: 59-3338309

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

(a) The application:

Name: Roxanne Nordquist
Title: Executive Director
Street Name & Number: 1902 W. Colonial Drive
Post Office Box:
City: Orlando
State: Florida
Zip: 32804
Telephone No.: 407-298-2056
Fax No.: 407-298-2056
E-Mail Address: havenofhope@cfl.rr.com
Website Address: cflhavenofhope.com

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

Name: Roxanne Nordquist
Title: Executive Director
Street Name & Number: 1902 W. Colonial Drive
Post Office Box:
City: Orlando
State: Florida
Zip: 32804
Telephone No.: 407-298-2056
Fax No.: 407-298-2056
E-Mail Address: havenofhope@cfl.rr.com
Website Address: cflhavenofhope.com

(c) Complaints/Inquiries from customers:

Name: Roxanne Nordquist
Title: Executive Director
Street/Post Office Box: 1902 W. Colonial Drive
City: Orlando
State: Florida
Zip: 32804
Telephone No.: 407-298-2056
Fax No.: 407-298-2056
E-Mail Address: havenofhope@cfl.rr.com
Website Address: cflhavenofhope.com

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.

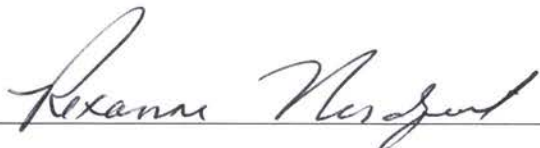
APPLICANT ACKNOWLEDGEMENT: By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application. I have read the foregoing and declare that, to the best of my knowledge and belief, the information is true and correct. I attest that I have the authority 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: Roxanne Nordquist
Title: Executive Director
Telephone No.: 407-298-2056
E-Mail Address: havenofhope@cfl.rr.com

Signature:  Date: January 12, 2015

Title: Executive Director

CERTIFICATE SALE OR TRANSFER

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

sale

transfer

of the certificate.

COMPANY OWNER OR OFFICER

Print Name: _____

Title: _____

Street/Post Office Box: _____

City: _____

State: _____

Zip: _____

Telephone No.: _____

Fax No.: _____

E-Mail Address: _____

Signature: _____ Date: _____

Title: _____