

MAY 23 96

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

960645-TC

1. LEGAL NAME OF THE APPLICANT

American Integrated Telephone (ATI) INC.

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

American Integrated Telephone Inc.

3. ADDRESS OF THE APPLICANT(S)

STREET

852-29 Saxon Blvd - Suite 101

CITY

Orange City FL 32763

STATE & ZIP

FL. 32763

4. TYPE OF ORGANIZATION (CHECK ONE)

A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER: OWN NAME.

DOCUMENTATION: No other documentation needed.

B. PARTNERSHIP:

DOCUMENTATION: Attach a copy of the partnership agreement, and a list with the name and address of all partners.

C. CORPORATION:

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the Florida Secretary of State's Office. If incorporated outside of Florida, attach proof from the Florida Secretary of State that applicant has authority to operate in Florida and provide name and address of Florida Registered Agent.

NAME

ADDRESS

D. DOING BUSINESS UNDER A FICTITIOUS NAME:

DOCUMENTATION: Attach proof that fictitious name has been registered with the Florida Secretary of States Office.

APPLICANT ACKNOWLEDGEMENT CARD

Applicant Vincent H. Hackemull Jr.

I acknowledge receipt and understanding of the Florida Public Service Commission's Rules and Requirements relating to my provision of Pay Telephone Service.

Signature Vincent H. Hackemull Jr.

Title President

Date 5-2-96

THIS MUST BE COMPLETED AND RETURNED WITH THE APPLICATION BEFORE THE CERTIFICATION PROCESS BEGINS. FAILURE TO DO SO WILL RESULT IN A DELAY OF THE CERTIFICATE BEING ISSUED.