

PLEASE READ!!!

FLORIDA PUBLIC SERVICE COMMISSION
Info on the enclosed Application Form
Certificate to Provide Pay Telephone Service
Within the State of Florida

✓ ● The attached application form is used for an original application for a certificate to provide pay telephone service within the State of Florida

✓ ● The completed application plus two copies and a \$100 non-refundable application fee, along with the enclosed Applicant Acknowledgment Card has to be submitted before the processing will begin.

✓ ● If the answer to question #2 on the application is a fictitious, Name or Corporate Name, documentation from the Secretary of States office must accompany your application.

✓ ● Once a certificate has been granted, regulatory assessment fees will be due for that calendar year regardless of whether or not pay telephones have been installed.

✓ ● When completing the application, respond to each item. If an item is not applicable, explain why. Failure to respond to any item will result in the application being returned and a delay in the application process

✓ ● Use a separate sheet for each answer which will not fit the allotted space

✓ ● If you have any questions about completing the form, contact the Certification Section at (850) 413-6556.

✓ ● Once completed, the original plus two (2) copies of the attached application along with \$100 application fee, are to be submitted to

Florida Public Service Commission
Betty Easley Bldg, c/o Records & Reporting
2540 Shumard Oak Boulevard
Capital Circle Office Center
Tallahassee, FL 32399-0850

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MAY 2 1988
CIVIL

DEPOSIT

DATE

ATTACHMENT B

D711 FEB 13 1998

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1. LEGAL NAME OF THE APPLICANT 981242 10

SCOTT ALDEN SEWALL

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS

PAYPHONE CONNECTION INC

3. ADDRESS OF THE APPLICANT(S)

STREET 390 WAINAI DR

CITY MERRITT ISLAND

STATE & ZIP CODE FL 32953

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 Incorporated in Fla

ADDRESS (See attached)

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

D. DOING BUSINESS UNDER A FICTITIOUS NAME

DOCUMENTATION: Attach proof that a fictitious name(s) has been registered with the Florida Secretary of States Office

5. PROVIDER NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS RESPONSIBLE FOR COMMISSION CONTACTS

NAME: Scott A. Sewall
TITLE: President
PHONE: 407-454-3144

6. HAS APPLICANT OR ANY SUBSIDIARY PARTNER, OFFICER, DIRECTOR, ETC., OR IN THE CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT EVER BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF FLORIDA? THIS INCLUDES ACTIVE AND CANCELED PAY TELEPHONE CERTIFICATES

Yes, Granted, Nym E
D+S Communications, Inc.

7. IF THE ANSWER TO QUESTION 6 IS YES PLEASE EXPLAIN AND LIST THE CERTIFICATE HOLDER AND CERTIFICATE NUMBER

D+S Communications, Inc.
Cert. # 3785

8. LIST THE STATES IN WHICH THE APPLICANT

A. IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE

None at this time

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

B. HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.

None at this time

C. HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES

None

D. HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES.

None

9. PLEASE INDICATE IF ANY OFFICERS OF THE CORPORATION PARTNERSHIP OR INDIVIDUAL APPLICANT HAVE BEEN ADJUDGED BANKRUPT, MENTALLY INCOMPETENT, OR FOUND GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAY RESULT FROM PENDING PROCEEDINGS.

None

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

10. PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED

- LOCAL
- LONG DISTANCE
- COIN
- CALLING CARD
- CREDIT CARD
- OTHER, DESCRIBE _____

11. PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR 1000

12. HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?

- PERSONALLY
- FULL-TIME TECHNICIAN
- PART-TIME TECHNICIAN
- SERVICE/REPAIR/MAINTENANCE CONTRACT
- OTHER DESCRIBE _____

13. WILL EACH OF THE PAY TELEPHONE S WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA 10XXX+0, 950-XXXX, AND 1-800? (See Rule 25.24.515(6) F.A.C.

YES

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

14. WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4 29 2 - 4 29 4 and - 4 29 8 OF THE AMERICAN NATIONAL STANDARD SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F ANSI STANDARDS) (See Rule 25-24 515(14), F.A.C.)

YES

Scott A Sewall PRES

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: 2-9-98

FORM PUBLIC SERVICE COMMISSION/EMJ 12 (R1 91)
REQUIRED BY COMMISSION RULE NO. 25.245

APPLICANT ACKNOWLEDGMENT

Applicant PAYPHONE CONNECTION INC.

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

Signature: Scott A Sewall

Title: President

Date: 2-9-98

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.

2-9-98

To: Florida Public Service Commission


Re: Pay Telephone Certificate

D+S Communications Inc.
Cert. # 3785

Please cancel this certificate
as we will no longer be doing
business under this name.

Thank You
Scott A. Sewall

Scott A. Sewall
Vice President

DAVE HAWKS

PRESIDENT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

December 19, 1997

SCOTT A. SEWALL
390 WAINAI DR.
MERRITT ISLAND, FL 32953

The Articles of Incorporation for PAY PHONE CONNECTION INC. were filed on December 18, 1997 and assigned document number P97000106511. Please refer to this number whenever corresponding with this office regarding the above corporation. The certification you requested is enclosed.

PLEASE NOTE: COMPLIANCE WITH THE FOLLOWING PROCEDURES IS ESSENTIAL TO MAINTAINING YOUR CORPORATE STATUS. FAILURE TO DO SO MAY RESULT IN DISSOLUTION OF YOUR CORPORATION.

A CORPORATION ANNUAL REPORT MUST BE FILED WITH THIS OFFICE BETWEEN JANUARY 1 AND MAY 1 OF EACH YEAR BEGINNING WITH THE CALENDAR YEAR FOLLOWING THE YEAR OF THE FILING DATE NOTED ABOVE AND EACH YEAR THEREAFTER. FAILURE TO FILE THE ANNUAL REPORT ON TIME MAY RESULT IN ADMINISTRATIVE DISSOLUTION OF YOUR CORPORATION.

A FEDERAL EMPLOYER IDENTIFICATION (FEI) NUMBER MUST BE SHOWN ON THE ANNUAL REPORT FORM PRIOR TO ITS FILING WITH THIS OFFICE. CONTACT THE INTERNAL REVENUE SERVICE TO RECEIVE THE FEI NUMBER IN TIME TO FILE THE ANNUAL REPORT AT 1-800-829-3676 AND REQUEST FORM SS-4.

SHOULD YOUR CORPORATE MAILING ADDRESS CHANGE, YOU MUST NOTIFY THIS OFFICE IN WRITING, TO INSURE IMPORTANT MAILINGS SUCH AS THE ANNUAL REPORT NOTICES REACH YOU.

Should you have any questions regarding corporations, please contact this office at the address given below.

Sharon Tala, Document Specialist Supervisor
New Filings Section

Letter Number: 897A00059595

State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Incorporation of PAY PHONE CONNECTION INC., a Florida corporation, filed on December 18, 1997, as shown by the records of this office.

The document number of this corporation is P97000106511.

Given under my hand and the
Great Seal of the State of Florida
at Tallahassee, the Capitol, this the
Nineteenth day of December, 1997



CR2EQ22 (2-98)

Sandra B. Northam

Sandra B. Northam
Secretary of State

ARTICLES OF INCORPORATION

PAY PHONE CONNECTION INC.

97 DEC 10 AM 9:30

The undersigned incorporator for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation:

ARTICLE I. NAME

The name of the corporation shall be: Pay Phone Connection Inc.

ARTICLE II. PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be : 390 Wainai Dr. Merritt Island FL 32953

ARTICLE III. CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: One hundred shares of no par value stock.

ARTICLE IV. INITIAL REG. AGENT

The name and address of the initial registered agent is:

Scott A. Sewall
390 Wainai Dr.
Merritt Island, FL 32953

ARTICLE V. INCORPORATOR

The name and street address of the incorporator to these Articles of Incorporation is:

Scott A. Sewall
390 Wainai Dr.
Merritt Island, FL 32953

The undersigned has executed these Articles of Incorporation this

97 DEC 10 AM 9:30

11 day of December 1997.

Scott A Sewall
Scott A. Sewall

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, Florida Statutes the undersigned corporation organized under the laws of the state of Florida submits the following statement in designating the registered office/registered agent in the state of Florida:

1. The name of the corporation is: Pay Phone Connection Inc.
2. The name and address of the registered agent and office is:
Scott A. Sewall, 390 Wainai Dr, Merritt Island, FL 32952

Scott A Sewall
Scott A. Sewall

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Scott A Sewall
Scott A. Sewall

12-11-97

DEPOSIT

DATE ATTACHMENT B

D711 FEB 13 1998

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SCOTT ALDEN SEWALL

2. NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS _____

PAYPHONE CONNECTION INC

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C. CORPORATION:

DOCUMENTATION: Attach proof that articles of incorporation have been filed with the

PAYPHONE CONNECTION, INC.
390 WAINAJ DR.
MERRITT ISLAND, FL 32953

NationsBank
Member FDIC

1015

6377637

CHECK NO

FEB 13 1998
DATE

*****\$100.00
AMOUNT

PAY One Hundred and 0/100 Dollars
TO THE ORDER OF Florida Public Service Commission

Scott A Sewall

SIGNATURE HAS A TITANUM SECURITY BURST - BORDER CONTAINS MICROPRINTING