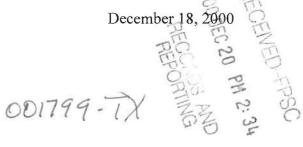


Florida Public Service Commission Divisions of Records and Reporting 2540 Shumard Oak Blvd. Tallahassee, Florida 32399-0850 (850) 413-6770



RE: Application for ALEC Certification in the State of Florida

Enclosed you will find six (6) copies and one original application for Quality Telephone, Inc's application for ALEC certification in the state of Florida. On December 13th the following sections were sent: :

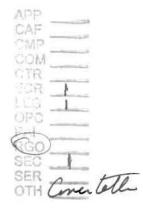
- A. Price Sheet
- B. Applicant Acknowledgement Statement & Affidavit
- C. Management Team Review
- D. Financial Capability Documentation

Attached is the actual application.

Please feel free to call me with any questions, 214-824-8016.

over

Frank McGovern



DOCUMENT NUMPER -DATE

P.O. BOX 141048 • DALLAS, TEXAS 75214 6 285 DEC 20 8 PHONE 214-824-8016 • FAX 214-821-0343

APPLICATION

- 1. This is an application for $\sqrt{}$ (check one):
 - (C Original certificate (new company).
 - Approval of transfer of existing certificate: <u>Example</u>, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.
 - Approval of assignment of existing certificate: <u>Example</u>, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.
 - () Approval of transfer of control: <u>Example</u>, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.
- 2. Name of company:

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Quality Telephone, Inc

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

Quality Telephone

4. Official mailing address (including street name & number, post office box, city, state, zip code):



5. Florida address (including street name & number, post office box, city, state, zip code):

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7.

RED Quality Teleo	hme	
C/O BIZNE	55 FILING	
1000 WEST	AVE	
1114 MIAMI	BEACH FL 33139	
6. Structure of organization:		
 Individual Foreign Corporation General Partnership Other 	 () Corporation () Foreign Partnership () Limited Partnership 	
<u>If individual, provide:</u>		
Name:		
Title:		
Address:		
City/State/Zip:		
Telephone No.:	Fax No.:	
Internet E-Mail Address:		
Internet Website Address:		

- 8. If incorporated in Florida, provide proof of authority to operate in Florida:
 - (a) The Florida Secretary of State corporate registration number:

9. If foreign corporation, provide proof of authority to operate in Florida:

• . .

(a) The Florida Secretary of State corporate registration number:

F00000004441 # FLORDA

10. If using fictitious name-d/b/a, provide proof of compliance with fictitious name statute (Chapter 865.09, FS) to operate in Florida:

(a) The Florida Secretary of State fictitious name registration number:

11. If a limited liability partnership, provide proof of registration to operate in Florida:

(a) The Florida Secretary of State registration number:

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

	Name:
	Title:
	Address:
	City/State/Zip:
	Telephone No.: Fax No.:
	Internet E-Mail Address:
	Internet Website Address:
13.	<u>If a foreign limited partnership,</u> provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.
	(a) The Florida registration number:
14.	Provide <u>F.E.I. Number(</u> if applicable):
FO	RM PSC/CMU 8 (11/95)

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FC Required by Commission Rule Nos. 25-24.805, 25-24.810, and 25-24.815

15. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:

(a) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. <u>Provide</u> explanation.

No

(b) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

No

16. Who will serve as liaison to the Commission with regard to the following?

(a) <u>The application</u>:

Name: FRANCIS X. MCGOVERN
Title: MANAGER
Address: PO.BOX 131048
City/State/Zip:DAULASX
Telephone No.:
Internet E-Mail Address: QTALEPHONE C AOL. COM
Internet Website Address:

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

Name: Title: Name: V.P. Manurgund Address: P.O. BOX 141048 City/State/Zip: DALLAS TX Telephone No.: 214-526-9845 Fax No.: 214-821-0343
Internet E-Mail Address: QTELEPHONE@AOL_COM
(c) Complaints/Inquiries from customers:
Name:BE DAVE SANCHEZ
Title: MANAGER
Address: P.D. BOX 141048
City/State/Zip:
Telephone No.: 800527-3233 Fax No.: 214-821-0343
Internet E-Mail Address: QTELEPHONE @ AOL.COIN

17. List the states in which the applicant:

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(a) has operated as an alternative local exchange company.

ر ال

(b) has applications pending to be certificated as an alternative local exchange company.

New Jeroey B MD

(c) is certificated to operate as an alternative local exchange company.

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None Curren

(d) has been denied authority to operate as an alternative local exchange company and the circumstances involved.

None (e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved. None has been involved in civil court proceedings with an interexchange carrier, (f) local exchange company or other telecommunications entity, and the circumstances involved. None

18. Submit the following:

· · ·

- A. Managerial capability: give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.
- B. Technical capability: give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.