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NEW YORK OFFICE
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* ALSO ADMITTED IN DISTRICT OF COLUMBIA
AND NEW YORK
** ALSO ADMITTED IN DISTRICT OF COLUMBIA
AND PENNSYLVANIA

March 8, 1999

Florida Public Service Commission
Division of Records and Reporting
2540 Shumand Oak Blvd.
Tallahassee, FL 32399-0850

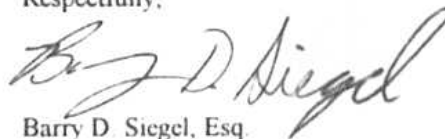
To Whom it May Concern:

Enclosed please find two copies of the Application form for Authority to Provide Pay Telephone Service within the State of Florida along with the signed applicant acknowledgment **card** and a \$100.00 check covering the application fee.

Please, upon approval, promptly forward the original certificate to provide pay telephone service within the state of Florida for Coinphone Plus Communications, Inc. to my attention **at the address** on this letterhead

Should you have any questions relating to the foregoing, please do not **hesitate to contact** me. I look forward to hearing from you soon.

Respectfully,



Barry D. Siegel, Esq.

Enclosures (3)

copy: Stephen Weiss

67
DOCUMENT NUMBER-DATE
03000 MAR-99
FPSC-RECORDS/REPORTING

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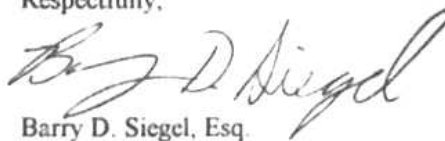
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61-1111-6-1111-60
DOCUMENT NUMBER-DATE
03055 MAR-98
FPSC-RECORDS/REPORTING

APPLICATION

**** FLORIDA PUBLIC SERVICE COMMISSION ****

DIVISION OF COMMUNICATIONS **BUREAU OF SERVICE EVALUATION**

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

INSTRUCTIONS

- ◆ This form is used as an application for an original certificate to provide pay telephone service within the State of Florida.
- ◆ **Print or type** all responses to each item requested in the application and appendices. If an item is not applicable, please explain why.
- ◆ Use a separate sheet for each answer which will not fit the allotted space.
- ◆ Once completed, submit the original and two (2) copies of this form, the signed Applicant Acknowledgement Card, and a non-refundable **application fee of \$100.00 to:**

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

- ◆ If you have **questions about completing the form, contact:**

Florida Public Service Commission
Division of Communications
Bureau of Certification and Evaluation
2540 Shumard Oak Blvd.
Tallahassee, Florida 32399-0850
(850) 413-6600

DEPOSIT
APPLICATION **D099**

DATE
MAR 09 1999

1. Name of company;
COINPHONE PLUS COMMUNICATIONS, INC.

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

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

6244 N.W. 21 COURT
BOCA RATON, Florida 33496

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

6244 N.W. 21 COURT
BOCA RATON, Florida 33496

5. Structure of organization:

- Individual Corporation
 General Partnership Limited Partnership
 Other, L.L.C.

6. **If incorporated in Florida**, provide proof of authority to operate in Florida:

(a) Florida Secretary of State Corporate registration number: P97000008027

APPLICATION

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

(a) Florida Fictitious Name registration number: _____

8. **F. E. I. Number** (if applicable): _____

9. **If individual**, provide;

Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

10. **If applicant is a partnership**, provide name, title and address of all partners and a copy of the partnership agreement.

a. Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

APPLICATION

Internet E-Mail Address: _____

Internet Website Address: _____

b. Name: _____

Title: _____

Address: _____

City/State/Zip: _____

Telephone No.: _____ Fax No.: _____

Internet E-Mail Address: _____

Internet Website Address: _____

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

(a) The application:

Name: STEPHEN M. WEISS

Title: PREI

Address: 6244 N.W. 21 COURT

City/State/Zip: BOCA RATON, FLORIDA 33494

Telephone No.: 561-241-1298 Fax No.: 561-241-1294

Internet E-Mail Address: _____

Internet Website Address: _____

(b) Official Point of Contact for the ongoing operations of the company:

APPLICATION

Name: STEPHEN M. WEISS
Title: Pres
Address: 6244 N.W. 21 COURT
City/State/Zip: Boca Raton, Florida 33496
Telephone No.: 561-241-1298 Fax No.: 561-241-1298
Internet E-Mail Address:
Internet Website Address:

(c) Complaints/Inquiries from customers:

Name: STEPHEN M. WEISS
Title: Pres
Address: 6244 N.W. 21 COURT
City/State/Zip: Boca Raton, Florida 33496
Telephone No.: 561-241-1298 Fax No.: 561-241-1298
Internet E-Mail Address:
Internet Website Address:

12. Indicate if applicant or any subsidiary, partner, officers, director, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.

If so, provide explanation.

~~_____~~

APPLICATION

13. Has the applicant or any subsidiary, partner, officer, director, or any stockholder ever been granted or denied a pay telephone certificate in the State of Florida? (This includes active and canceled pay telephone certificates.) If yes, provide explanation and list the certificate holder and certificate number.

No

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, officer in any other Florida certificated pay telephone company? If yes, give name of company and relationship. If no longer associated with company, give reason why not.

No

15. List the states in which the applicant:

a. Is currently providing pay telephone service:

Buying phones in Florida only

APPLICATION

b. Has applications pending to be certificated as a pay telephone provider:

c. Has been denied authority to operate as a pay telephone provider. Explain circumstances.

d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances:

16. Please check (✓) the services that will be provided:

LOCAL
LONG DISTANCE
COIN
CALLING CARD
CREDIT CARD
OTHER (Describe)

APPLICATION

17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: 57

18. How does the applicant intend to service and maintain each payphone (✓) (check all that apply)

- PERSONALLY
- FULL-TIME TECHNICIAN
- PART-TIME TECHNICIAN
- SERVICE/REPAIR/MAINTENANCE CONTRACT
- OTHER (Describe)

19. Will each of the pay telephones to be installed provide access to all locally available long distance carriers via 10XXX+0, 1010XXX, 950-XXXX, and 1-800? (See Rule 25-24.515(6), F.A.C.)

(✓) Yes () No

Explain: _____

20. Will each of the pay telephones to be installed 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 () No

AFFIDAVIT

By my signature below, I, the undersigned **owner/officer**, 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.

I will comply with all current and future **Commission** requirements regarding pay telephone service. I understand that I am required to pay a regulatory assessment fee (minimum of \$50.00 per calendar year), file an annual pay telephone service report, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names or addresses listed in the application within 10 days of the change.

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."

UTILITY OFFICIAL:

[Handwritten Signature]

Signature:

1/27/97

Date

STEPHEN M. WEISS

Printed Name:

mgr.

Title:

1-561-241-1294

Fax No.

Address:

*6244 N.W. 21 Court
Boca Raton, Florida 33496*

APPLICANT ACKNOWLEDGEMENT

Applicant: STEPHEN M. WEISS

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

Signature: St M. Weiss Date: 1/27/99

Printed Name: STEPHEN M. WEISS

Title: PRES

Address: 6244 N.W. 21 COURT
BOCA RATON, FLORIDA 33496

Telephone No. 561-241-1298

Fax No. 561-241-1294

THIS ACKNOWLEDGEMENT FORM 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.

DEPOSIT APPLICATION D099

DATE MAR 09 1999

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- Corporation
- General Partnership
- Limited Partnership

STEPHEN M. WEISS

1550



3/8/ 1999

Pay to the order of Fla. Public Safety Commission
One hundred dollar

\$100

Dollars

FIRST UNION NATIONAL BANK
FLORIDA
BOCA RATON, FL

For Division of Records & Reporting
Signature: S. M. Weiss

ate in Florida:

umber: P97000008027

DOCUMENT NUMBER-DATE

03055 MAR-98

FPSC-RECORDS/REPORTING