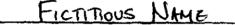
990832-TC

APPLICATION

1 Name of company:

ARES EL

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).

MARESTEL	
P.O. Box 32721	
PALM BEACH GARDENS, FL	
33420	

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

GOLDEN EAGLE CIRCLE ____ M BEACH GARDENS FL 33418

5. Structure of organization:

🚫 Individuai

() Corporation

() General Partnership

() Limited Partnership

() Other, _____

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

 (\mathbf{a}) Florida Secretary of State Corporate registration number:

FORM PSC/CMU 32 (PATE) (8/58) Required by Commission Rule Nos. 25-24-510 and 25-24.511 Page 2 of 11

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DOCUMENT NUMBER-DATE

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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: 699165900038		
8 .	<u>F. E.</u>	Number (if applicable): NOT APPLICABLE		
9	if ind	vidual. provide:		
	Name	8		
	Addre	38:		
	City/S	itate/Zip:		
	Telep	hone No.: Fax No.:		
	Intern	et E-Mail Address:		
	intern	et Website Address:		
10.		irtnership, provide name, title and address of all partners and a copy of the Irship agreement.		
	(a ,)	Name:		
		Title:		
		Address:		
		City/State/Zip:		
		Telephone No.: Fax No.:		
	Y ELLI	(PATe) (2795) and Mule Nos. 25-24-510 and 25-24.511 Page 3 of 11		

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APPLICATION

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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:_____

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

(2)	The application:
	Nomo: MICHAEL KOFOD
	Title: Owner
	Address: 5781 GOLDEN EAGLE CIRCLE
	CITY/STATE/ZIP: PALM BEACH GARDENS, FL. 33418
	561 Telephone No.: 630 -0851 Fax No.:
	Internet E-Mail Ar Tress: MKOFOD @ GATENAY. NET
	Internet Website Address:
(b)	Official Point of Contact for the ongoing operations of the company:
	Name: MICHAEL KOFOD
PSCICMU	32 (PATs) (8/98) mission Rule Nos. 25-24-610 and 25-24-811 PAGE 4 of 11

FC/RN Requi

	APPLICATION
	Title: OWNER
	Address: 5781 GOLDEN EAGLE CIRCLE
	CITY/STATE/ZIP: PALM BEACH GARDENS FL 33418
	Telephone No.:561 630 0851 Fax No.:
	Internet E-Mail Address: MKOFOD@GATENAY.NET
	Internet Website Address:
(C)	Complaints/Inquiries from customers:
	Name: MICHAEL KOFOD
	Title: OWNER
	Address: 5781 GOLDEN EAGLE GRUE
	CITY/STATE/ZID: PALM BEACH GARDENS, FL, 334/8
	Telephone No.: 561 60-085 [Fax No.:
	Internet E-Mail Address: MKOFOD @ GATEWAY. NET
	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. DOES NOT APP FORM PSCICMU 32 (PATs) (BAS) Required by Commission Rule Nos 25-24-510 and 25-24.511 Page 5 of 11

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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, <u>provide explanation</u> and list the certificate holder and certificate number.

- NO - APPLICANT HAS NEVER BEEN
GRANTED OR DENIED A PAY TELEPHONE
CERTIFICATE IN FLORIDA

14. Is the applicant or any subsidiary, partner, officer, director, or any stockholder a subsidiary, partner, or 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.

0- APPLICANT 15 NOT

15. List other states in which the applicant:

a. is currently providing pay telephone service.

NONE - NO OTHER STATES b, Has applications pending to be certificated as a pay telephone provider. NONE ARE PENDING

FORM PSG/CMU 32 (PATE) (648) Required by Commission Rule Nos. 25-24-510 and 25-24.511 Page 6 of 11

APPLICATION

Has been denied authority to operate as a pay telephone provider. Explain Ċ. circumstances. APPLICANT HAS NENTH REEN AUTHORITY TO OPERATE A AS DENIE ELEPH PROVIDER のんひ d. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders, Explain circumstances. NES HAVE INNPOSED REEN Please check (\checkmark) the services that will be provided: 16 LOCAL LONG DISTANCE COIN CALLING CARD CREDIT CARD OTHER (Describe) 17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year:___ FORM PEC:CMU 32 (PATs) (8/50) Required by Commission Rule Nos. 25-24-510 and 25-24.511 Fage 7 of 11

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APPLICATION

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

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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, <u>ANSI</u> <u>STANDARDS</u>)(See Rule 25-24,515(13), F.A.C.).

Yes () No

PORM PSC/CMU 32 (PATe) (\$99) Required by Commission Rule Nos, 25-24-510 and 25-24-511 Page 8 of 11

** APPLICANT FEE/TAX STATEMENT **

- 1. REGULATORY ASSESSMENT FEE: 1 understand that all telephone companies must pay a regulatory assessment fee in the amount of <u>.15 of one percent</u> of the gross operating revenue derived from intrastate business. Regardless of the gross operating revenue of a company, a minimum annual assessment fee of \$50 is required.
- 2. GROSS RECEIPTS TAX: I understand that all telephone companies must pay a gross receipts tax of two and one-half percent on all intra and interstate business.
- 3. SALES TAX: I understand that a seven percent sales tax must be paid on intra and interstate revenues.
- APPLICATION FEE: I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

UTILITY C	DFFICIAL:	
M	I dala Kul	22. TUNE 1999
Signature		Date
	NER	5616300851
Title		Telephone No.
Address	5781 GOLDEN EAGLE	CREE
	PAIM BEACH GARDENS,	FL
	ZZUIA	
Fax No.		·
ATTACHMEN A - Affidavit B - Applicant	iTS: Acknowledgment	
FORM PSC/CMU 32 (Nequired by Commission	(PATs) (8/06) sion Ruis Nos. 25-24-810 and 25-24.611 Page 9 of 11	

** APPENDIX A **

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	22 TUNE 95
Signature:	Date
Printed Name:	<u></u>
Title:	Fax No.
Address: 5781 GOLDEN EAGLE CIRCLE PALM BEACH GARDENS, FL	
PALM BEACH GARDENS, FL	
FORM PSC/CMU 32 (PATs) (6/86)	

Required by Commission Rule Non. 25-24-510 and 25-24-511 Page 10 of 11

APPENDIX B

	APPLICANT	ACKNOWLEDGM	ENT
Applicant:	MICHHEL	Kofed	
			Public Service Commission's
	uirements relating to n MILL	ny provision of Pay Telepho	Date: <u>22 JUN 199</u> 9
	MICHHEL		
~	DWNER		
Address:	5781 G	GARDENS, F	Lircue
	33	3418	
Telephone. No	561	630 0851	
Fax No			
WITH THE AP	PLICATION BEFORE	FORM MUST BE COMPLE THE CERTIFICATION PR TIN A DELAY OF THE CE	OCESS BEGINS.
FORM PSC/CMI/ 172 (B)	A Ta) (8/08)		

FORM PSC/CMU 32 (PATs) (8/08) Required by Commission Rule Nos. 25-24-510 and 25-24.511 Page 11 of 11

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

June 14, 1999

MARESTEL BOX 32721 PALM BEACH GARDENS, FL 33420

Subject: MARESTEL

REGISTRATION NUMBER: G99165900038

This will acknowledge the filing of the above fictitious name registration which was registered on June 14, 1999. This registration gives no rights to ownership of the name.

Each fictitious name registration must be renewed every five years between July 1 and December 31 of the expiration year to maintain registration. Three months prior to the expiration date a statement of renewal will be mailed.

IT IS THE RESPONSIBILITY OF THE BUSINESS TO NOTIFY THIS OFFICE IN WRITING IF THEIR MAILING ADDRESS CHANGES. Whenever corresponding please provide assigned Registration Number.

Should you have any questions regarding this matter you may contact our office at (850) 488-9000.

/tl

Division of Corporations

Letter No. 699A00031804

DEPOSIT DATE D159 W JUN 2 8 1999

APPLICATION

* • FLORIDA PUBLIC SERVICE COMMISSION **

DIVISION OF COMMUNICATIONS BUREAU OF SERVICE EVALUATION

APPLICATION FORM

for

AUTHORITY TO PROVIDE (PATs) 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 Acknowledgment Card, and a non-refundable <u>application fee of \$100.00 to</u>;

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

If you have questions about completing the form, contact:

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

FORM PSC/CMU 32 (PATe) (8/98) Required by Commission Rule Nos. 25-24-510 and 25-24.511

Dec 21 98 05:04p Florida PSC

DEPOSIT DATE D1597 JUN 2 8 1999

APPLICATION

** FLORIDA PUBLIC SERVICE COMMISSION **

DIVISION OF COMMUNICATIONS BUREAU OF SERVICE EVALUATION

APPLICATION FORM for AUTHORITY TO PROVIDE (PATS) PAY TELEPHONE SERVICE WITHIN THE STATE OF FLORIDA

INSTRUCTIONS

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- Once completed, submit the original and two (2) copies of this form, the signed Applicant Acknowledgment Card, and a non-refundable <u>application fee of \$100,00 to</u>;

Florida Public Service Commission Division of Records and Reporting

Tallahassee Florida 32399-0850

2540 Shumard Oak Blvd.

	413-6770		
MICHAEL G. KOFOD 4489 PENHURST COURT FAYETTEVILLE, NC 28311	56-1040/531 26005 23 Jun 1999	283	
ONE HUNDRED AND 00/10	DOLLARS,		
First Union National Bank			DOCUMENT NUMBER-DATE
FOR DIVEGION OF RECORDS AND	MalqK		0779 JUN 28 &
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