DEPOSIT. DATE DATE MAY 0 9 2003

**FLORIDA PUBLIC SERVICE COMMISSION*

DIVISION OF COMMUNICATIONS BUREAU OF SERVICE EVALUATION

APPLICATION FORM FOR CERTIFICATE TO PROVIDE PAY TELEPHONE SERVICE WITHIN THE STATE OF FLORIDA 000564-70

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. If an item is not applicable, please explain.
- Use a separate sheet for each answer which will not fit within the allotted space.
- Once completed, submit the original and two (2) copies of this form and a nonrefundable <u>application fee of \$100.00</u> 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 Service Evaluation 2540 Shumard Oak Bivd. Tallahassee, Florida 32399-0850 (850) 413-6600

Form PSC/CMU-32 (02/99) Required by Commission Rule Nos. 25-24.510 & 25-24.511 DOCUMENT NUMBER-DATE 057 | MAY-88 EPSC-RECORDS/REPORTING

- 1. Name of company or name of individual (not fictitious name or d/b/a):
- 2. Name under which applicant will do business (fictitious name, etc.):
- 3. Official mailing address:

4.

Street:6711 Witherimton Court		
P.O. Box:	· · · · · · · · · · · · · · · · · · ·	
City: Norcross		
State:C_A	Zip: <u>30093</u>	
Florida address:		•

Street: 727/2 W. Brevard Street			······································
P.O. Box:			
City:			
State: FL	Zip:	32304	

- 5. Structure of organization:
 - (v) Individual
 - () Corporation
 - () General Partnership
 - () Limited Partnership
 - () Other: _____
- 6. If incorporated in Florida, provide proof of authority to operate in Florida:

Florida Secretary of State Corporate Registration Number:

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7. If using fictitious name d/b/a (doing business as), provide proof of compliance with the fictitious name statute (Chapter 865.09, Florida Statutes) to operate in Florida:

	Florida Fictitious Name Registration Number:
8.	F.E.I. Number (if applicable):
9.	If individual, provide: Name:Michael_Sims
	Address: 6711 Witherington (f
	City/State/Zip: Norcross, GA 30093
	Telephone No.:
	Internet E-Mail Address:
	Internet Website Address:

10. If 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.:

Form PSC/CMJ-32 (02/99) Required by Commission Rule Nos. 25-24.510 & 25-24.511

		Internet Website Address:
10.		nership (continued)
	ь.	Name:
		Title:
		Address:
		City/State/Zip:
		Telephone No.:Fax No.:
		Internet E-Mail Address:
		Internet Website Address:
11.	Who	will serve as liaison to the Commission with regard to the following?
•••		The application:
	a.	
		Name: Michnel Sims
, .	,	Title:
		Address: 6711 Witherimation Ct
		City/State/Zip: Norcross, CA 30093
•		Telephone No.:
		Internet E-Mail Address:
		Internet Website Address:
	b.	Official Point of Contact for ongoing company operations including complaints and inquiries:
		Name:Michael Sims
		Title:
		Address: 6711 Witherington Ct
		City/State/Zip: Noreross, GA 30093
		Telephone No.: <u>170. 939. 8457</u> Fax No.: <u>Some or 850. 383. (090</u>
		Internet E-Mail Address:
		Internet Website Address:

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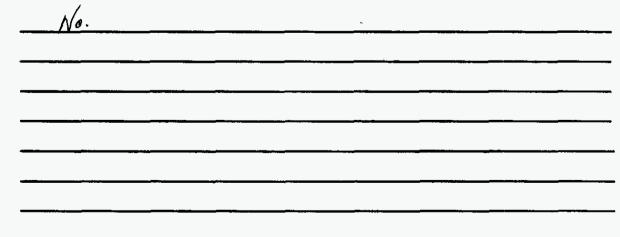
12. Indicate if applicant or any subsidiary, partner, officers, directors, or any stockholder has been previously adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings.

If so, provide explanation: Not applicable.

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.

Nð. r

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.



Form PSC/CMU-32 (02/99) Required by Commission Rule Nos. 25-24.510 6 25-24.511

- List other states in which the applicant: 15.
 - Is currently providing pay telephone service. а. None b. Has applications pending to be certified as a pay telephone provider. None. Has been denied authority to operate as a pay telephone provider. Explain C. circumstances. None. Has had regulatory penalties imposed for violations of telecommunications statutes, rules, or orders. Explain circumstances. d. None). _____ Please check (\checkmark) the services that will be provided:
- 16.

(//LOCAL (1/) LONG DISTANCE (ACOIN (1) CALLING CARD () CREDIT CARD () OTHER (Describe) _____

Form PSC/CMJ-32 (02/99) Required by Commission Rule Nos. 25-24.510 @ 25-24.511

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- 17. Proposed number of pay telephone instruments the applicant plans to install/operate in the first year: ______
- **18.** How does the applicant intend to service and maintain each payphone? Check (✓) all that apply.
- () PERSONALLY () FULL-TIME TECHNICIAN () PART-TIME TECHNICIAN (V) SERVICE/REPAIR/MAINTENANCE CONTRACT () OTHER (Describe) Will each of the installed pay telephones provide access to all locally available long 19. distance carriers via 10XXX+0, 10XXXX+0, 101XXXX+0, 950, and toll free (e.g. 800, 877, and 888)? See Rule 25-24.515(10), Florida Administrative Code. Yes No Explain: _____ ()4 Will each of the installed pay telephones conform to subsections 4.28.8.4 and 4.29 of the American National Standard (CABO/ANSI A117.1-1992), Accessible and Usable Buildings and Facilities, approved December 15, 1992 by the American National Standards Institute, Inc.? See Rule 25-24.515(18), Florida Administrative 20. Code. Yes No Explain: Form PSC/CMU-32 (02/99)

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Required by Commission Rule Nos. 25-24.510 6 25-24.511

APPLICANT FEE/TAX STATEMENT

- 1. **REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of <u>0.15 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 the a <u>seven percent</u> sales tax must be paid on intraand interstate revenues.
- 4. APPLICATION FEE: I understand that a non-refundable application fee of \$100.00 must be submitted with the application.

UTILITY OFFICIAL:

Print Name

Title

1110.939.8451

Telephone No.

Signature

Date

Address:

Form PSC/CMU-32 (02/99) Required by Commission Rule Nos. 25-24.510 & 25-24.511

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ACKNOWLEDGMENT

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, pay applicable sales tax, and pay gross receipts tax. Furthermore, I agree to keep the Commission advised of any changes in the names and 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."

Signature

Date

UTILITY OFFICIAL:

Print Name

Title

Telephone No.

Address:

Form PSC/CMU-32 (02/99) Required by Commission Rule Nos. 25-24.510 4 25-24.511

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****APPLICANT ACKNOWLEDGMENT****

Applicant: ______Sun Dia

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

Print Name

Title

170.939.851

Telephone No.

Address:

Signature

Date

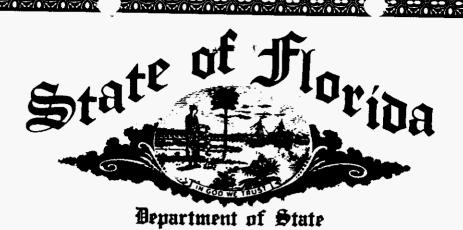
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Fax No.

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

Form PSC/CMU-32 (02/99) Required by Commission Rule Nos. 25-24.510 6 25-24.511



I certify from the records of this office that SUNDIAL is a Fictitious Name registered with the Department of State on April 10, 2000.

The Registration Number of this Fictitious Name is G00098900175.

I further certify that said Fictitious Name Registration is active.

I further certify that this office began filing Fictitious Name Registrations on January 1, 1991, pursuant to Section 865.09, Florida Statutes.



CR2EO22 (1-99)

Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Tenth day of April, 2000

Katheríne Harris Tratherine Harris

Secretary of State

ELOMDA PUBLIC DATE

**FLORIDA PUBLIC SERVICE COMMISSION*

DIVISION OF COMMUNICATIONS BUREAU OF SERVICE EVALUATION

APPLICATION FORM FOR CERTIFICATE TO PROVIDE PAY TELEPHONE SERVICE WITHIN THE STATE OF FLORIDA 000564-TC

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Florida Pu	ublic Service Commission	
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