		COMMUNICAT		
		THE APPLICANT WILL		
_PA	MKAT	COMMUNICA	TIBNS, +1	JC.
ADDRESS	OF THE A	PPLICANT(S)		
STREET		17364 5, W.	267 LANO	,
CITY		HOMESTOAD	FL_	
STATE 8	ZIP		33031	
TYPE OF	ORGANIZA	TION (CHECK ONE)		
	NDIVIDUAL DWN NAME.	DOING BUSINESS UNDE	R HIS/HER:	[]
DOCUME	TATION:	No other documentat	ion needed.	
В.	PARTNERSH	IP:		[]
DOCUME!	TATION: ne name and	Attach a copy of the address of all par	e partnership a	agreement, and a
C. (ORPORATIO	N:		(W
filed outside applica	with the e of Floric ant has aut	Attach proof that a Florida Secretary o da, attach proof from thority to operate in tered Agent.	f State's Official Section 1	ce. If incorpor
NAME				
NAME				

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

FORM PSC/CMU 32 (R3-93) PAGE 2 OF 5 REQUIRED BY COMMISSION RULE NO. 25-24.511

10164 SEP 24 %
FPSC-RECORDS/REPORTING

PRESIDENT (305) 248-2999 PLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, E SE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE EEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATE HOLDER AND CERTIFICATE NUMBER. E ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND ICATE HOLDER AND CERTIFICATE NUMBER.	E STATE OF
PLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, E SE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE EEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN TH A? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CER E ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND ICATE HOLDER AND CERTIFICATE NUMBER. ICLAS A. MARTIN, CLU	E STATE OF
PLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, E SE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE EEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN TH A? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CER ###################################	E STATE OF
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E ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND ICATE HOLDER AND CERTIFICATE NUMBER.	LIST THE
ICATE HOLDER AND CERTIFICATE NUMBER.	LIST THE
ICATE HOLDER AND CERTIFICATE NUMBER.	
4 654	
HE STATES IN WHICH THE APPLICANT:	
IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE	
HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY	TELEPHONE
EXPLAIN CIRCUMSTANCES.	PROVIDER.
	HE STATES IN WHICH THE APPLICANT: IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE FLORIDA HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY PROVIDER.

PLEASE CHECK THE SERVICES THAT WILL BE PROVIDED:
LOCAL LONG DISTANCE COIN CALLING CARD CREDIT CARD OTHER, DESCRIBE
PROPOSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE IN THE FIRST YEAR:
HOW DOES THE APPLICANT INTEND TO SERVICE AND MAINTAIN EACH PAYPHONE?
PERSONALLY FULL-TIME TECHNICIAN PART-TIME TECHNICIAN SERVICE/REPAIR/MAINTENANCE CONTRACT OTHER, DESCRIBE
WILL EACH OF THE PAY TELEPHONES 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.
Y83
WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL CONFORM TO SUBSECTIONS 4.29.2 - 4.29.4 and 4.29.7 - 4.29.8 OF THE AMERICAN NATIONAL STANDARDS SPECIFICATIONS FOR MAKING BUILDINGS AND FACILITIES ACCESSIBLE AND USABLE BY PHYSICALLY HANDICAPPED PEOPLE (ATTACHMENT F)? (See Rule 25-24.515(14), F.A.C.)
VBB

I, THE UNDERSIGNED OWNER OR OFFICER OF THE ABOVE NAMED ENTITY, HAVE READ THE FOREGOING AND DECLARE THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE INFORMATION IS A TRUE AND CORRECT STATEMENT. I AM AWARE THAT PURSUANT TO S. 837.06, FLORIDA-STATUTE, 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. I WILL COMPLY WITH ALL CURRENT AND FUTURE COMMISSION REQUIREMENTS REGARDING THE PAY TELEPHONE SERVICE. I UNDERSTAND THAT A NON-REFUNDABLE APPLICATION FEE OF \$100 MUST ACCOMPANY THE APPLICATION. ALSO, I UNDERSTAND THAT I AM REQUIRED TO PAY A REGULATORY ASSESSMENT FEE (MINIMUM \$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 ABOVE WITHIN TEN (10) DAYS OF THE CHANGE.

	UMM	1	1	ident
(SIGNATURE	OF ONNER CHIEF	OFFICER OF	APPLICANT)	uan
DATE:	9/20	196		

APPLICANT ACKNOWLEDGEMENT CARD

Applicant _	AMKAT COMMUNICATIONS, FUC	
Service Com	ge receipt and understanding of the Florida Publission's Rules and Requirements relating to my provision hone Service.	i c on
Signature _	MM	
Title	PRESIDENT	
Date	9/20/96	

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.

DOUGLAS A. MARTIN, CLU PRINCIPAL 201 Alhambra Circle, Suite 703 Coral Gables, Florida 33134

Telephone: (305) 448-5666 (Off.)



9/19/96 9/20/86 #4576 \$100.00 DEPOSIT TREAS, REC. DATE Dear Brenda. Lar D378 1344 SEP 24'96 We spoke the other dieg and I mentioned that I needed to change from my approved name DOUGLAS A. MARTIN, CLU to DAMKAT COMMUNICATIONS, INC. Thanks for all your help and please do not hesitate to call if you have any questions or problems. Dunglin A. Marti



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

May 10, 1996

DAMKAT COMMUNICATIONS, INC. 17364 S.W. 267TH LANE HOMESTEAD, FL 33031

The Articles of Incorporation for DAMKAT COMMUNICATIONS, INC. were filed on May 10, 1996, and assigned document number P96000040349. Please refer to this number whenever corresponding with this office.

This document was electronically received and filed under FAX audit number E96000006602.

A corporation annual report will be due this office between January 1 and May 1 of the year following the calendar year of the file date. A Federal Employer Identification (FEI) number will be required before this report can be filed. Please apply NOW with the Internal Revenue Service by calling 1-800-829-3676 and requesting form SS-4.

Please be aware if the corporate address changes, it is the responsibility of the corporation to notify this office.

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

Sincerely, Loria Poole Corporate Specialist New Filings Section Division of Corporations

Letter Number: 996A00022986

State of Florida

Commissioners: SUSAN F. CLARK, CHAIRMAN J. TERRY DEASON JULIA L. JOHNSON DIANE K. KIESLING JOE GARCIA



DIVISION OF RECORDS & REPORTING BLANCA S. BAYO DIRECTOR (904) 413-6770

Sunla Vanollin. 413-6556

Public Service Commission

April 18, 1996

Mr. Douglas A. Martin 17364 S.W. 267 Lane Homestead, Florida 33031

Re: Docket No. 960488-TC

Dear Mr. Martin:

This will acknowledge receipt of an application for certificate to provide pay telephone service, by DOUGLAS A. MARTIN, CLU, which was filed in this office on April 15, 1996 and assigned the above-referenced docket number. Appropriate staff members will be advised.

Sincerely,

Linda C. Williams

Commission Deputy Clerk

DOUGLAS A. MARTIN, CLU 201 Alhambra Circle, Suite 703 **EXECUTIVE FINANCIAL** Coral Gables, Florida 33134 761158-70 Telephone: (305) 448-5666 (Off.) SERVICES 9/19/96 9/20/86 #4576 \$100.00 DATE DEPOSIT TREAS, REC. Dear Brenda, D378 124-1: SEP 24'96 We spoke the other day and I mentioned that I needed to change from my approved name DOUGLAS A. MARTIN, CLU to DAMKAT COMMUNICATIONS, INC. Thanks for all your help and please do not hesitate to call it son have any questions