FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

LEGAL NAME OF	THE APPLICANT	DEPOSIT	TREAS. REC	DATE
Mr Jos	eph P. Rieth	D406	可收益指內	NOV 2 1 '96
	HICH THE APPLICANT WILL DO BUS			961396-J
ADDRESS OF TH	HE APPLICANT(S) 13310 49th St N.			
CITY STATE & ZIP	Royal Palm Beach Florida 33411			
TYPE OF ORGAN	NIZATION (CHECK ONE)			
A. INDIVIO	DUAL DOING BUSINESS UNDER HIS/	HER:	[]	
DOCUMENTATION	N: No other documentation ne	eded.		
B. PARTNE	ERSHIP:		[]	
DOCUMENTATION with the name	Attach a copy of the part and address of all partners.	nership	agreement,	and a list
c. corpor	ATION:		M	
filed with toutside of Fl	n: Attach proof that article the Florida Secretary of Stat orida, attach proof from the F authority to operate in Flori egistered Agent.	le s off: Torida Si	ecretary of	State that
NAME			3-11-	
ADDRESS			-	
D. DOING E	BUSINESS UNDER A FICTITIOUS NA	ME:	М	
DOCUMENTATION the Florida S	N: Attach proof that fictitious Secretary of States Office.	s name ha	s been regi	stered with

FORM PSC/CMU 32 (R3-93) PAGE 2 OF 6 REQUIRED BY COMMISSION RULE NO. 25-24.511

DOCUMENT NUMBER-DATE
12492 NOV 21 %

FPSC-RECORDS/REPORTING

PRO!	VIDE NAME, TITLE, AND TELEPHONE NUMBER OF THE INDIVIDUAL WHO IS PONSIBLE FOR COMMISSION CONTACTS:
NAM	E: Joseph P Rieth LE: Pres.
TIT	LE: Pres.
PHO	NE: 561-753-8370
THE	APPLICANT OR ANY SUBSIDIARY, PARTNER, OFFICER, DIRECTOR, ETC., OR IN CASE OF A CLOSELY HELD CORPORATION ANY SHAREHOLDER OF THE APPLICANT R BEEN GRANTED OR DENIED A PAY TELEPHONE CERTIFICATE IN THE STATE OF RIDA? THIS INCLUDES ACTIVE AND CANCELLED PAY TELEPHONE CERTIFICATES.
	Yes
IF CER	THE ANSWER TO QUESTION 6 IS YES, PLEASE EXPLAIN AND LIST THE TIFICATE HOLDER AND CERTIFICATE NUMBER.
	ow operating gay phones under ext. Ficate # 4615
	erificate + 7813
LIS	T THE STATES IN WHICH THE APPLICANT:
Α.	IS CURRENTLY PROVIDING PAY TELEPHONE SERVICE
	FL.
В.	HAS APPLICATIONS PENDING TO BE CERTIFICATED AS A PAY TELEPHONE PROVIDER.
	NONE
С.	HAS BEEN DENIED AUTHORITY TO OPERATE AS A PAY TELEPHONE PROVIDER. EXPLAIN CIRCUMSTANCES.
	NO

	HAS HAD REGULATORY PENALTIES IMPOSED FOR VIOLATIONS OF TELECOMMUNICATIONS STATUTES. EXPLAIN CIRCUMSTANCES. None
FOUN	SE INDICATE IF ANY OFFICERS OF THE CORPORATION, PARTNERSHIP OF ANY CRIME APPLICANT HAVE BEEN ADJUDGED BANKRUPT MENTALLY INCOMPETANT, OF GUILTY OF ANY FELONY OR OF ANY CRIME, OR WHETHER SUCH ACTIONS MAILT FROM PENDING PROCEEDINGS.
PLEAS	SE CHECK THE SERVICES THAT WILL BE PROVIDED:
LOCAL LONG COIN CALL	L DISTANCE []
LOCAL LONG COIN CALL CRED OTHER	DISTANCE [] [] [] [] [] [] [] [] [] [
LOCAL LONG COIN CALL CRED OTHER	DISTANCE ING CARD IT CARD R, DESCRIBE OSED NUMBER OF PAY TELEPHONE INSTRUMENTS THE APPLICANT PLANS TO PLACE

13.	WILL EACH OF THE PAY TELEPHONES WHICH YOU PLAN TO INSTALL PROVIDE ACCESS TO ALL LOCALLY AVAILABLE LONG DISTANCE CARRIERS VIA IOXXX+O, 950-XXXX, AND 1-800? (See Rule 25-24.515(6), F.A.C.
	Yes
14.	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.)
	Yes .

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.

(SIGNATURE OF OWNER/CHIEF OFFICER OF APPLICANT)

DATE: Mor 9, 1996

APPLICANT ACKNOWLEDGEMENT CARD

Applicant oregh P Rith (JP-Ban Suc.)
I acknowledge receipt and understanding of the Florida Publ Service Commission's Rules and Requirements relating to my provision of Pay Talephone Service.
Signature Regel P. Reth.
Title Rus.
Date Mor 9 1996

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.

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		400
		400
		-

The name of the corporation is: STATICLE II - CORPORATE NAME STATICLE II - DURATION
The name of the corporation is: JP- Bar Inc 1310 49th St N Royal Palm Bch F1 33411 ARTICLE II - DURATION This corporation shall exist perpetually unless dissolved according to Florida law. ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business permitted under the laws United States and the State of Florida. ARTICLE IV - CAPITAL STOCK The corporation is authorized to issue Five Hundred shares (500) of One Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares. ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT The name and street address of the Initial Registered Agent of this Corporation is:
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This corporation shall exist perpetually unless dissolved according to Florida law. **ARTICLE III - PURPOSE** The corporation is organized for the purpose of engaging in any activities or business permitted under the laws United States and the State of Florida. **ARTICLE IV - CAPITAL STOCK** The corporation is authorized to issue **Five Hundred** shares* (500) of **One** **Dollar(s) (\$ 1.00 **) par value Common Stock, which shall be designated "Common Shares.* **ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT** The name and street address of the Initial Registered Agent of this Corporation is: **ME Joseph P. Rieth** **DOSESS 12310 49 Th St. N.**
This corporation shall exist perpetually unless dissolved according to Florida law. ARTICLE III - PURPOSE The corporation is organized for the purpose of engaging in any activities or business permitted under the laws United States and the State of Florida. ARTICLE IV - CAPITAL STOCK The corporation is authorized to issue Five Hundred shares (500) of One Dollar(s) (\$ 1.00) par value Common Stock, which shall be designated "Common Shares. ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT The name and street address of the Initial Registered Agent of this Corporation is:
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The name and street address of the Initial Registered Agent of this Corporation is: Joseph P. Rieth
The name and street address of the Initial Registered Agent of this Corporation is: IE Joseph P. Rieth
DRESS 13310 49 Th St N FLORIDA ZIP 33411
FLORIDA
Y Royal Palm BCh
This corporation shall have Two (2) directors initially. The number of directors may be increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The name addresses of the initial director(s) of the corporation are as follows:
HAME Joseph P. Rieth
ADDRESS 1310 49 th St N
DORESS 13310 49 th St N TIY Royal Palm Reach STATE F1 ZIP 33411
ADDRESS 1310 49 th St N CITY Royal Palm Beach STATE P1 ZIP 33411 NAME Barbara A. Rieth
NAME Joseph P. Rieth ADDRESS 1310 49 th St N STATE P1 ZIP 33411 NAME Barbara A. Rieth ADDRESS 1310 49 Th St N CITY Royal Palm Beach STATE F1 ZIP 33411

CITY

ARTICLE VI. - INCORPORATORS

addresses of the rson(s) signing these Articles of Incorpation are as follows:

Joseph P. Rieth				
DORESS 1310 49 Th Stin				
CITY Royal Palm Beach		Fl		33411
NAME Barbara A Rieth				
ADDRESS 1310 49 Th St. N				
CITY Royal Palm Beach		F1		33411
NAME				
ADDRESS				
CITY	STATE		ZIP"	
IN WITNESS WHEREOF, the undersigned su	hacriber(s) have ex	ecuted these Arti	cles of Incorporation	this17_
	bactioe (a) mate em			
day of <u>July</u> , 19 <u>96</u> .				
				(Seal
		+.27,~	,	
				(Scal
				VOLUMBE.
				(Seal)
STATE OF FLORIDA)	66			
COUNTY OF Palm Beach	SS			
before me, a Notary Public authorized to take	acknowledgements	in the State and	County set forth ab	ove, personally
appeared	0	1/2	7. H	
Joseph P. Rieth	20	seph O	Jeen,	
Barbara A. Bieth	(1/2	abou a	net	
known to me and known to be the person	(s) who executed	the foregoing A	rticles of Incorpora	tion, and who
acknowledged before me that They	executed these Art	icles of Incorpor	ation.	
	d band and a	al in the State or	d County aforesaid, t	his 3/
IN WITNESS WHEREOF, I have hereunto affi	xed my nand and s	an, in the State at	in county more	
day of July 1996.	. /	Y 141	N .	
(Notary Seal)	(Notary Publ	ic, State of Florida a	en Jenkin	•
(and)		ion expires: June		
Kathleen R. Mowery Jerkins MY COMMISSION & CC659012 EXPIRES	ру Солиния	in equel. June	Jacob	100

JUNG 3, 2000 SONDED THRU TROY FAIN INSURANCE, INC.

OF REGISTERED AGEN

CERTIFICATE OF REGISTERED AGENT

OF

JP-	Bar	Inc
	(name	of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.034, the following is submitted: The above corporation, desiring to organize under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

Royal Palm Beach Florida 33411

has named Joseph P. Rieth

located at the aforesaid address, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGEMENT

Having been named to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of Florida Law in keeping open said office.

(registered agent)

FLORIDA PAY TELEPHONE CERTIFICATE APPLICATION

1	1.	LEGAL NAME OF THE APPLICANT DEPOS	IT TREAS. REC. DATE
1		Mr Joseph P. Rieth D406	MRAMM NOV 2 1 '96
7	2.	NAME UNDER WHICH THE APPLICANT WILL DO BUSINESS	
		JP-BARINC	10.12
	3.	STREET 13310 49th St N.	
		CITY Royal Palm Beach	
		STATE & ZIP FLorida 33411	
	4.	TYPE OF ORGANIZATION (CHECK ONE)	
		A. INDIVIDUAL DOING BUSINESS UNDER HIS/HER: OWN NAME.	[]
		DOCUMENTATION: No other documentation needed.	
		B. PARTNERSHIP:	[]
		DOCUMENTATION: Attach a copy of the partnership with the name and address of all partners.	
		C. CORPORATION:	M
		DOCUMENTATION: Attach proof that articles of filed with the Florida Secretary of State's Of	fice. If incorporated
		outside of Florida, attach proof from the Florida applicant has authority to operate in Florida and pof Florida Registered Agent.	Secretary of State that
		outside of Florida, attach proof from the Florida applicant has authority to operate in Florida and I	Secretary of State that
		outside of Florida, attach proof from the Florida applicant has authority to operate in Florida and pof Florida Registered Agent.	Secretary of State that
		outside of Florida, attach proof from the Florida applicant has authority to operate in Florida and pof Florida Registered Agent. NAME	Secretary of State that
19 25		outside of Florida, attach proof from the Florida applicant has authority to operate in Florida and pof Florida Registered Agent. NAME ADDRESS	provide name and address
r (70	BAR	outside of Florida, attach proof from the Florida applicant has authority to operate in Florida and pof Florida Registered Agent. NAME ADDRESS PH.P. RIETH BARA A. RIETH	provide name and address
T. A.	BAR 13310	outside of Florida, attach proof from the Florida applicant has authority to operate in Florida and pof Florida Registered Agent. NAME ADDRESS 416	provide name and address and address and address and address and address and address
T.	BAR 13310 ROYA	outside of Florida, attach proof from the Florida applicant has authority to operate in Florida and pof Florida Registered Agent. NAME ADDRESS EPH P. RIETH 49TH ST. N. LIPALM BEACH, FL 33411 AUX 18 19 96 83-8436	provide name and address and address and address and address and address and address
(I	BAR 13310 ROYA	outside of Florida, attach proof from the Florida applicant has authority to operate in Florida and of Florida Registered Agent. NAME ADDRESS EPH P. RIETH 49TH ST. N. LIPALM BEACH, FL 33411 LIPALM BEACH, FL 33411 Aux 18 1996 83411 63411 63411 6416 65411 65411 65411	provide name and address and address and address and address and address and address
PAY TO YORKER TO ORIGINATION	BAR 13310 ROYA	outside of Florida, attach proof from the Florida applicant has authority to operate in Florida and of Florida Registered Agent. NAME ADDRESS EPH P. RIETH AGTH ST. N. LI PALM BEACH, FL 33411 Aux 18 19 96 BARA A. RIETH AGTH ST. N. LI PALM BEACH, FL 33411 Aux 18 19 96 BARA A. RIETH AGTH ST. N. LI PALM BEACH, FL 33411 Aux 18 19 96 BARA A. RIETH AGTH ST. N. LI PALM BEACH, FL 33411 Aux 18 19 96 BARA A. RIETH AGTH ST. N. LI PALM BEACH, FL 33411	provide name and address and address and address and address and address and address
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Nov 18 1996 To Whom It May Concern 96/396-TC I now aparate pay phones under Certificate # 4615 Which I would like to cancel upon the issuing of a certificate to IP Bak Inc of which I am Shank For Reth president-