

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

**DIVISION OF COMPETITIVE MARKETS AND ENFORCEMENT**  
**CERTIFICATION**

**APPLICATION FORM**  
**for**  
**AUTHORITY TO PROVIDE**  
**ALTERNATIVE LOCAL EXCHANGE SERVICE**  
**WITHIN THE STATE OF FLORIDA**

RECEIVED FPSC  
04 FEB 16 PM 2:09  
COMMISSION CLERK  
DISTRIBUTION CENTER  
04 FEB 16 PM 12:04

**Instructions**

- ◆ This form is used as an application for an original certificate and for approval of the assignment or transfer of an existing certificate. In the case of an assignment or transfer, the information provided shall be for the assignee or transferee (See Page 12).
- ◆ 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 six (6) copies of this form along with a non-refundable application fee of **\$250.00** to:

**Florida Public Service Commission**  
***Division of the Commission Clerk and Administrative Services***  
**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 Competitive Markets and Enforcement**  
**Certification**  
**2540 Shumard Oak Blvd.**  
**Tallahassee, Florida 32399-0850**  
**(850) 413-6600**

Check received with filing and forwarded  
to Fiscal for deposit. Fiscal to forward  
deposit information to Records.  
Initials of person who forwarded check  
*[Handwritten Signature]*

DOCUMENT NUMBER-DATE  
**02132 FEB 16 3**  
FPSC-COMMISSION CLERK

## APPLICATION

1. This is an application for  (check one):

- Original certificate** (new company).
- Approval of transfer of existing certificate:** Example, a non-certificated company purchases an existing company and desires to retain the original certificate of authority.
- Approval of assignment of existing certificate:** Example, a certificated company purchases an existing company and desires to retain the certificate of authority of that company.
- Approval of transfer of control:** Example, a company purchases 51% of a certificated company. The Commission must approve the new controlling entity.

2. Name of company:

AAA Reconnect, Inc

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

Same As Above

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

AAA Reconnect

P.O. Box 10091

Brooksville, FL 34603

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

P.O. Box 10091  
Brooksville, FL 34603

**6. Structure of organization:**

- |  |   |
|--|---|
| <input type="checkbox"/> Individual          | <input checked="" type="checkbox"/> Corporation |
| <input type="checkbox"/> Foreign Corporation | <input type="checkbox"/> Foreign Partnership    |
| <input type="checkbox"/> General Partnership | <input type="checkbox"/> Limited Partnership    |
| <input type="checkbox"/> Other _____         |   |

**7. If individual, provide:**

Name: N/A

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

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

- (a) **The Florida Secretary of State corporate registration number:**

P04000015025

**9. If foreign corporation, provide proof of authority to operate in Florida:**

(a) The Florida Secretary of State corporate registration number:

N/A

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

(a) The Florida Secretary of State fictitious name registration number:

N/A

**11. If a limited liability partnership, provide proof of registration to operate in Florida:**

(a) The Florida Secretary of State registration number:

N/A

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

Name: N/A

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_

Internet E-Mail Address: \_\_\_\_\_

Internet Website Address: \_\_\_\_\_

**13. If a foreign limited partnership, provide proof of compliance with the foreign limited partnership statute (Chapter 620.169, FS), if applicable.**

(a) The Florida registration number: N/A

**14. Provide F.E.I. Number(if applicable): 200614421**

**15. Indicate if any of the officers, directors, or any of the ten largest stockholders have previously been:**

(a) adjudged bankrupt, mentally incompetent, or found guilty of any felony or of any crime, or whether such actions may result from pending proceedings. Provide explanation.

None

(b) an officer, director, partner or stockholder in any other Florida certificated telephone company. If yes, give name of company and relationship. If no longer associated with company, give reason why not.

None

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

(a) The application:

Name: Jessica Geroux  
Title: President  
Address: P.O. Box 10091  
City/State/Zip: Brooksville, FL 34603  
Telephone No.: (352) 585-0140 Fax No.: (352) 754-2893  
Internet E-Mail Address: aaareconnect@bellsouth.net  
Internet Website Address: N/A

(b) Official point of contact for the ongoing operations of the company:

Name: Jessica Geroux  
Title: President  
Address: P.O. Box 10091  
City/State/Zip: Brooksville, FL 34603  
Telephone No.: (352) 585-0140 Fax No.: (352) 754-2893  
  
Internet E-Mail Address: aaareconnect@bellsouth.net  
Internet Website Address: N/A

(c) Complaints/Inquiries from customers:

Name: AAA Reconnect c/o Jessica Geroux  
Title: President  
Address: P.O. Box 10091  
City/State/Zip: Brooksville, FL 34603  
Telephone No.: (352) 585-0140 Fax No.: (352) 754-2893  
  
Internet E-Mail Address: aaareconnect@bellsouth.net  
Internet Website Address: N/A

**17. List the states in which the applicant:**

(a) has operated as an alternative local exchange company.

None  
\_\_\_\_\_

(b) has applications pending to be certificated as an alternative local exchange company.

None  
\_\_\_\_\_

(c) is certificated to operate as an alternative local exchange company.

None  
\_\_\_\_\_

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(d) has been denied authority to operate as an alternative local exchange company and the circumstances involved.

None

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(e) has had regulatory penalties imposed for violations of telecommunications statutes and the circumstances involved.

None

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(f) has been involved in civil court proceedings with an interexchange carrier, local exchange company or other telecommunications entity, and the circumstances involved.

None

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**18. Submit the following:**

**A. Managerial capability: give resumes of employees/officers of the company that would indicate sufficient managerial experiences of each.**

See Next Page

**B. Technical capability: give resumes of employees/officers of the company that would indicate sufficient technical experiences or indicate what company has been contracted to conduct technical maintenance.**

See Next Page

### **A. Managerial Capabilities:**

I, Jessica Geroux, President of AAA Reconnect feel that I have sufficient managerial experience to provide to this company. I have managed the daily requirements of Alternative Telecommunications Services, Inc for the past three years. I have overlooked customer service, customer relations, accounts receivable, accounts payable, data processing, and many other departments. I am also currently working on my Bachelors degree in Business and Finance, which has provided me with a strong background in managerial skills.

I, Ray Geroux, Vice President of AAA Reconnect feel that I also have sufficient managerial experience to provide to this company. I have worked with several different billing softwares and I have overlooked accounts receivable, accounts payable, and collections in past positions. I have experience in phone room administration, staffing, and customer service duties. Additionally, I am experienced in claim auditing, new order processing as well as technical knowledge of major carrier requirements.

### **B. Technical Capabilities:**

I, Ray Geroux, Vice President of AAA Reconnect feel I have sufficient technical experience to provide to this company as well. I have been involved with telephone hardware, including lucent hardware and software, AT&T, BellSouth, Comdial, and Mytel, since 1991. I have a very strong background in the ability to maintain and upgrade computer hardware and software. My programming background of desktop software includes Visual FoxPro.



### C. Financial capability.

The application **should contain** the applicant's audited financial statements for the most recent 3 years. If the applicant does not have audited financial statements, it shall so be stated. None

The unaudited financial statements should be signed by the applicant's chief executive officer and chief financial officer affirming that the financial statements are true and correct and should include:

1. the balance sheet: See Next Page
2. income statement: and See Next Page
3. statement of retained earnings. None

**NOTE:** *This documentation may include, but is not limited to, financial statements, a projected profit and loss statement, credit references, credit bureau reports, and descriptions of business relationships with financial institutions.*

Further, the following (which includes supporting documentation) should be provided:

1. **written explanation** that the applicant has sufficient financial capability to provide the requested service in the geographic area proposed to be served.
2. **written explanation** that the applicant has sufficient financial capability to maintain the requested service.
3. **written explanation** that the applicant has sufficient financial capability to meet its lease or ownership obligations.

**AAA RECONNECT INC.**

**BUSINESS ECONOMY CHKG**

**REDACTED**

Last Posting Date 2/11/2004

**Since Last Statement Summary**

Last Statement Date

Balance Last Statement			\$	0.00
Deposits/Credits	#	1	+	10,000.00
Withdrawals/Debits	#	0	-	0.00

Current Balance \$ 10,000.00

Date	Amount	Balance	Transaction
2/11/2004	10000.00	10000.00	Deposit

\*\*\* No More Activity For This Account \*\*\*

- P** = Items marked Pending have not yet been paid because they could cause your account to be overdrawn. If the Bank pays or returns this item, a service charge may result.
- \*** = Item(s) included in Previous Statement(s).

For additional information or service, please contact the Customer Service Center at 800-299-2265

**C. Financial Capabilities:**

We, Jessica Geroux and Raymond Geroux, President and Vice President of AAA Reconnect have started an initial investment for operations of \$10,000.00. After sixty days, we will apply for a business line of credit for \$25,000.00, so that we can maintain a sufficient financial cushion for operating obligations.

THIS PAGE MUST BE COMPLETED AND SIGNED

**APPLICANT ACKNOWLEDGMENT STATEMENT**

- 1. REGULATORY ASSESSMENT FEE:** I understand that all telephone companies must pay a regulatory assessment fee in the amount of .15 of one percent of 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. APPLICATION FEE:** I understand that a non-refundable application fee of \$250.00 must be submitted with the application.

UTILITY OFFICIAL:

Jessica Geroux  
**Print Name**

Jessica Geroux  
**Signature**

President  
**Title**

02/12/04  
**Date**

(352) 585-0140  
**Telephone No.**

(352) 754-2893  
**Fax No.**

**Address:** P.O. Box 10091  
Brooksville, FL 34603

**THIS PAGE MUST BE COMPLETED AND SIGNED**

**AFFIDAVIT**

By my signature below, I, the undersigned officer, attest to the accuracy of the information contained in this application and attached documents and that the applicant has the technical expertise, managerial ability, and financial capability to provide alternative local exchange company service in the State of Florida. I 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.

**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:**

Jessica Geroux  
**Print Name**

Jessica Geroux  
**Signature**

President  
**Title**

02/12/04  
**Date**

(352) 585-0140  
**Telephone No.**

(352) 754-2893  
**Fax No.**

**Address:** P.O. Box 10091  
Brooksville, FL 34603

**INTRASTATE NETWORK (if available)**

Chapter 25-24.825 (5), Florida Administrative Code, requires the company to make available to staff the alternative local exchange service areas only upon request.

**1. POP:** Addresses where located, and indicate if owned or leased.

1) <u>None</u>	2) _____
_____	_____
3) _____	4) _____
_____	_____

**2. SWITCHES:** Address where located, by type of switch, and indicate if owned or leased.

1) <u>None</u>	2) _____
_____	_____
3) _____	4) _____
_____	_____

**3. TRANSMISSION FACILITIES:** POP-to-POP facilities by type of facilities (microwave, fiber, copper, satellite, etc.) and indicate if owned or leased.

<u>POP-to-POP</u>	<u>OWNERSHIP</u>
1) <u>None</u>	_____
2) _____	_____
3) _____	_____
4) _____	_____

**CERTIFICATE SALE, TRANSFER, OR ASSIGNMENT STATEMENT**

I, (Name) \_\_\_\_\_  
(Title) \_\_\_\_\_ of (Name of Company)

and current holder of Florida Public Service Commission Certificate Number # \_\_\_\_\_  
\_\_\_\_\_, have reviewed this application and join in the petitioner's request for a:

- ( ) sale
- ( ) transfer
- ( ) assignment

of the above-mentioned certificate.

**UTILITY OFFICIAL:**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

Telephone No. \_\_\_\_\_

Fax No. \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_