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APPLICATION FOR REINSTATE //EN	CLOF DAVEF San :: So I so	AMENT STATE	FILED
LIMITED PARTNERSHIP			
DOCUMENT # A9500001108  1. Name of Limited Partnership			99 DEC 23 PM 2: 18  SECRETARY OF STATE
FJB Holdings, Ltd. 4/10/99			TALLAHASSEE, FLORIDA  DO NOT WRITE IN THIS SPACE.
2. Mailing Address, P.O. Box 1186, Tamps FL 33601 Suite, Apt. #, etc.	3. Principal Office Address 4914 N. Armenia We. Tomas Pt. 3360 Suite, Apt. #, etc.		4. Date Formed or Registered To Do Business in Florida Tolk 20, 1995  5. FEI Number Applied For
City & State Tampa Florida	City & State  Tampa Florida  Zio Country		59-3312496
33601 USA	33603 Co.	USA	7. State or Country of Formation Florida
8a. Capital Contributions as Shown on Record:	FEES:1.) Filling Fee(s): Con	nputed at a rate of \$7	7 per \$1,000 on amount entered in 8b, with a minimum filing fee of \$52.50 and a maximum o
8b. Amount of Capital Contributions in FLORIDA to date:	\$437.50, for each year due this office.  2.) = Supplemental: Fee(s): \$88.75 for each year due this office, beginning with 1992 calendar year.  3.) Penalty Fee(s): \$500 penalty fee for each year report form is delinquent.  Note: If the amount entered in 8b is greater than amount entered in 8a, a supplemental affidavit must be submitted along with a separate and appropriate filling fee.		
990.00 Name and Address of Current			10. If changed, new registered agent/office
Stanford R. Solomon, Esq. Barnett Plaza, Suite 1818		Name	
		Street Address (P.O. Box Number Is Not Acceptable)	
101 East Kennedy Blud,		Suite, Apt. #, etc.	
Tamea, fl. 33602		City	FL Zip Code
10a. Pursuant to the provisions of sections 620,1051 and for the purpose of changing its registered office or ragent. I am familiar with, and accept the obligations	egistered agent, or both, in the State of	amed limited partner Florida. Such chang	rship organized or registered under the laws of the State of Florida, submits this statement ge was authorized by its general partner(s). I hereby accept the appointment of registered
SIGNATURE (Registered Agent Accepting Appointment)	IC A CORRODATION	LIMITED	DARTNERSHIP OR OTHER RUSINESS ENTITY
A GENERAL PARTNER THAT	BE REGISTERED A	ND ACTIV	PARTNERSHIP OR OTHER BUSINESS ENTITY E WITH THIS OFFICE.
11. Names of General Partner(s)	Address of Each Genera (Do NOT Use Post Office B		City, State and Zip Code 11a. Registration Document Number
Remedial Management Corpora	1914 N. Arm	enia Ave	Tampa, Fl. 33603 P 94000059319 200003082442-7 -12/29/99-01007-002
			****1291.25_***1291.25/
		TATE	MENT 1998-1999 A \$ 1000.00-1
	HE23.40	7100	QuO
Note: General partners MAY NOT	be changed on this fo	rm; an ame	endment must be filed to change a general partner.
12. I do hereby certify that the information supplied with the Corporations from any liability of non-compliance with	nis filing is voluntarily furnished and doe Section 119.07(3)(k) in the event that the mature shall have the same legal effects	s not qualify for the e	exemption stated in Section 119.07(3)(k), Florida Statutes. I release the Division of led is deemed exempt from public access. I further certify that the information indicated on with I further certify that I am a General Partner of the limited partnership, receiver or trusted.
SIGNATURE Jacob C Duaman DATE 12-9-99			
Typed or Printed Namy of General Partner Signing Form	rederich I Beranas	Les Rem	edial Mang Grp. Telephone Number 813-829-1674
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