## 2007 LIMITED PARTNERSHIP REINSTATEMENT

SECRETARY OF STATE DIVISION OF CORPORATIONS

Mailing Actives  MAINTANAMENT ACTIVE  MAINTANAMENT	DOCUMENT # B99000000  1. Entity Name GLOBAL SPECTRUM, L.P.	0315		07 NOV 13 PM 2: 05
Suito, Apt. #, etc.  Cary & State  City & St	WACHOVIA CENTER 3601 SOUTH BROAD STREET	WACHOVIA CENTER 3601 SOUTH BROAD S		
City & State  Ci	Principal Place of Business - No P.O. Box #	3. Mailing Address		
Sp. 3599248   Set Applicable   Set Application	Suito, Apt. #, etc.	Suite, Apt. #, etc.		11082007 REIN-LP CR2E100 (1/07)
S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  7. Name and Address of New Registered Agent  8. Pursuant to the provisions of section 520.1810 or 520.1909, Florida Statutes, Floriday accept the exponentient of registered agent, Floriday and familier with, and accept the obligations of Chapter 620, Florida Statutes, Floriday accept the exponentient of registered agent, Floriday accept th	City & State	City & State		
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SAUER MICHEL 78 9 ATH AVE NORTH STE 107 ST PETERSBURG, FL 33702  City FL Zip Code  8. Pursuant to the provisions of section 520 1810 or 820 1909. Provide Stetutes, I hereby accept the appointment of registered agent. I am familier with, are accept the obligations of Section 620, Florida Statutes.  SIGNATURE  FILE NOWNIT FEE IS \$1000.00  A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form: an amendment must be filed to change a general partner.  12. GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form: an amendment must be filed to change a general partner.  12. GENERAL PARTNER INFORMATION 13. SIRET ADDRESS OFFI AND ADDRESS OFFI ADDRESS OFFI AND ADDRESS OFFI AND ADDRESS OFFI AND ADDRESS OFFI ADDRESS OFF	6. Name and Address of Current	t Registered Agent		7. Name and Address of New Registered Agent
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14. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and face training and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empoyed of the effect is report as required by Chapter 620, Florida Statutes.	indicated on this report is true antifaccurate an	the first ming does not quality to do nat my signature shall have te his report as required by C	the same legal effect as if Chapter 620, Florida Statu	ned in Grapher 119, Fronda Statules, Further Certify that the inform I made under oath; that I am a General Partner of the limited partner tes.
SIGNATURE:  SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER  Date  District Priority		_///		