## **2009 LIMITED PARTNERSHIP REINSTATEMENT**

200	9 LIMITED PARTNI						
DOCUMENT #B9900000315  1. Entity Name GLOBAL SPECTRUM, L.P.					09 APR -7 PM 2: 35		
Principal Pl	Principal Place of Business Mailing Address				SECRETARY TALLAHASSE	UF STATE E FLORINA	
	CENTER TH BROAD STREET HIA, PA 19148	WACHOVIA CENTER 3601 SOUTH BROAD STREET PHILADELPHIA, PA 19148					
2. Principa	Place of Business - No P.O. Box #	3. Mailing Address					
Suite, Ap	ot. *, etc.	Suite, Apt. #, etc.		03042009 REIN-LP	CR2E100 (1/07)		
City & Si	ate	City & State		4. FEI Number 59-3599248	Applied For Not Applicable		
Zip	Country	Zip	Cour	ntry	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
	6. Name and Address of Currer	nt Registered Agent		Nome	7. Name and Address of New F	Registered Agent	
SAUER,	SAUER, MICHEL 780 94TH AVE NORTH STE 107 ST PETERSBURG, FL 33702				Name		
					Street Address (P.O. Box Number is Not Acceptable)		
					City FL Zip Code		
8. Pursuant to the provisions of section 620, 1810 or 620, 1909, Florida Statutes, I hereby accept the appointment of registered agent. I am lamiliar with, and accept the obligation of the provisions of section 620, 1810 or 620, 1909, Florida Statutes.							
SIGNATURE Signature, typed or printed name of registered agent and title Modificable (REGISTERED AGENT MUST SIGN)  DATE							
	FILE NOW!!! FEE IS \$1000.00				In accordar the limited prior notice	nce with s. 607.193(2)(b), F.S., partnership did not receive the	
	NOTE: General Partners M	AY NOT be changed on	NTITY M the form	UST BE REGIST i; an amendmen	ERED AND ACTIVE WITH THE trust be filed to change a g	eneral partner.	
12.					ADDRESS CH	ANGES ONLY	
NAME STREET ADDRES CITY-ST-ZIP	GLOBAL SPECTRUM, INC. 3601 SOUTH BROAD STREET PHILADEPHIA, PA 19148	, WACHOVIA CENTE		-S1-ZIP			
DOCUMENT #	THEADELMA, I'X 19140	w. · · ·	STRE	ET ADDRESS	500148 04/07/090103	971725 0005 **1000.00	
STREET ADDRES	6		CITY	-\$T-ZIP	07/01/10 0100	U UUU ********************************	
DOCUMENT #			STRE	ET ADDRESS			
STREET ADDRESS CITY-SI-ZIP	5		CITY	-ST-ZIP			
DOCUMENT # NAME			STRE	ET ADDRESS			
STREET ADDRESS	8		СІТУ	ST-ZIP	COPAGES		
NAME			STRE	ET ADDRESS	STATEME	18 108,09	
STREET ADDRESS CITY-ST-ZIP	5		CITY	-ST-ZIP			
DOCUMENT #	$\cap$ $\cap$		STRE	ET ADDRESS			
STREET ADDRESS CITY-ST-ZIP	$  \cdot \rangle / \langle \cdot \rangle$			-ST-ZIP			
14. I hereby indicate or the re	certify that the information sundlied w d on this report is true and accurate an oceiver or trustee empower some execu-	ith this filing does not qualify d that my signature shall have te this report as required by	for the ex the same Chapter 6	emptions contained legal effect as if m 20, Florida Statutes	d in Chapter 119, Florida Statutes, ade under oath; that I am a Gener s.	I further certify that the information al Partner of the limited partnership	
SIGNA	TURE:	\	Phi	lip I. Wei	nberg	(215) 952-5217	

APR - 8 2009