PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

	RPORATION ISTATEMENT	S	DEPARTMENT OF STAT Secretary of State SION OF CORPORATIONS	E	2023 JUL -6 PM 3: 26
DOCUMENT # N9400005662 1. Corporation Name RNR FOUNDATION, INC.					CECRETA RY CERTAIN
Principal Office Address - No P O Box # 3. Mailing 4010 Glacier Hills Drive			fice Address	97/	¥00411767734 06/2301037001 **1995.00
		Suite, Apt. #, e			Incorporated or Qualified of Business in Florida Nov. 16, 1994
Zip 48105	5-3651 Country US	Zìp	Country	6. CERT	X Not Applicable
7. Name and Address of Current Registered Agent					
Name WHWW, INC.					
Street Address (P.O. Box Number is Not Acceptable) 329 Park Avenue North					
Suite, Apt. #, Etc. Second Floor					
Winter Park			State Zip Code 32789		
8. I, bein	g appointed the registered agent of the abo	ove named corpor	ation, am familiar with and accept t	ne obligations of	section 607,0505 or 617,0503, F.S.
Signature of Registered Agent PFF AG 05 VICE FFF AG REGISTERED AGENT MUST SIGN				dont	Date6/29/2023
9. Name	s and Street Addresses of Each Officer and	d/or Director (Flor	ida nonprofit corporations must list	at least 3 directo	xs)
Titles	Name of Officers and/or Oirectors		Street Address of E Officer and/or Dire	ach	City / State / Zip
D/P	David Lord		97 W. Boulder Street		Colorado Springs CO 80903
D/T	Richard Lord		4010 Glacier Hills Drive		Ann Arbor MI 48105-3651
D/S	Heather Lord		1450 Fourth Street, Apt #5		Berkeley CA 94710
D	Charles Lord		9510 Palmetto Drive #4304 Ocean Club Villas	·	Isle of Palms SC 29451
D	Edith Lord-Wolff		P. O. Box 165		Carmel Valley CA 93924
	_				95.23 dec

(To be used for future annual report notification)

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that All IIII reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., and that all fees owed by the corporation have been paid. I further certify, the information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I are eware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

dfricke@whww.com

10. E-mail Address:

- 2623 /34 -643 - USA

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