

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 15 AM 11:17

DOCUMENT # *F03000000604*

1. Corporation Name

IBA PROTON THERAPY, INC.

2. Principal Office Address

151 Heartland Boulevard

Suite, Apt. #, etc.

3. Mailing Office Address

151 Heartland Boulevard

Suite, Apt. #, etc.

City & State

Edgewood, New York

Zip

11717-8374

Country

USA

City & State

Edgewood, New York

Zip

11717-8374

Country

USA

4. Date Incorporated or Qualified
To Do Business in Florida

02/05/03

5. EEI Number

752879901

Applied For

Not Applicable

6. CERTIFICATE OF STATUS DESIRED

\$8.75 Additional Fee required
for a Certificate of Status

REINSTATEMENT 04-06
CRZE08T (12/05)

7. Name and Address of Current Registered Agent

Name
MOTOLAW, INC.

Street Address (P.O. Box Number is Not Acceptable)
50 North Laura Street

Suite, Apt. #, Etc.
Suite 2500

City
Jacksonville

State
FL

Zip Code
32202

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date **May 9, 2006**

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PT	Jean-Marie Ginion	151 Heartland Boulevard	Edgewood, NY 11717-8374
VPSD	Xavier Defourt	151 Heartland Boulevard	Edgewood, NY 11717-8374
D	Pierre Mottet	151 Heartland Boulevard	Edgewood, NY 11717-8374
D	Andre' Godaert	151 Heartland Boulevard	Edgewood, NY 11717-8374
D	Laurence Vanhee	151 Heartland Boulevard	Edgewood, NY 11717-8374

10. 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 when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption contained in Chapter 119, F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]

Special Vice President May 9, 2006 904/798-3700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #