2006 FOR PROFIT CORPORATION REINSTATEMENT

FILED
Oct 16, 2006
Secretary of State

DOCUMENT# F01000006019

Entity Name: ARACRUZ CELULOSE (U.S.A.), INC.

Current Principal Place of Business:

163 ST. EXECUTIVE CENTER
16300 NE 19TH AVE., SUITE 210
N. MIAMI BEACH, FL 33162 US

New Principal Place of Business:

Current Mailing Address:

ARACRUZ CELULOSE (USA), INC.
16300 NE 19TH AVE. SUITE 210
NORTH MIAMI BEACH, FL 33162 US

New Mailing Address:

FEI Number: 13-3443552 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BILTON, COLIN G
16300 NE 19TH AVE
SUITE 210
NORTH MIAMI BEACH, FL 33162 US

Name and Address of New Registered Agent:

BILTON, COLIN G V
16300 NE 19TH AVE
SUITE 210
NORTH MIAMI BEACH, FL 33162 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: COLIN BILTON 10/16/2006
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: AGUIAR, CARLOS A
Address: 116-40 RJ RUA LAURO MUELLER
City-St-Zip: RIO DE JANIERO, OC 22290 BR

Title: VD ( ) Delete
Name: NUNES, WALTER L
Address: 116-40 RJ RUA LAURO MUELLER
City-St-Zip: RIO DE JANIERO, OC 22290 BR

Title: DV ( ) Delete
Name: CARSALADE, JOAO FELIPE
Address: 116-40 RJ RUA LAURO MUELLER
City-St-Zip: RIO DE JANIERO, OC 22290 BR

Title: V ( ) Delete
Name: VAN KEER, HENRY P
Address: 116-40 RJ RUA LAURO MUELLER
City-St-Zip: RIO DE JANIERO, OC 22290 BR

Title: V ( ) Delete
Name: PIMENTEL DUARTE, JOSE
Address: 116-40 RJ RUA LAURO MUELLER
City-St-Zip: RIO DE JANIERO, OC 22290 BR

Title: VS ( ) Delete
Name: BRAGA, JOSE L
Address: 116-40 RJ JUA LAURO MUELLER
City-St-Zip: RIO DE JANIERO, OC 22290 BR

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD GOLDSTEIN CPA 10/16/2006
Electronic Signature of Signing Officer or Director Date