

**APPLICATION FOR REGISTRATION OF FICTITIOUS NAME**

REGISTRATION# G14000070377

**Fictitious Name to be Registered:** FAMILY NAILS AND SPA

**Mailing Address of Business:** 300 SAINT LAURENT ST  
LONGWOOD, FL 32750

**Florida County of Principal Place of Business:** SEMINOLE

**FEI Number:**

**Owner(s) of Fictitious Name:**

LE, KHAI  
2222 KING CHARLES CT  
WINTER PARK, FL 32792

**FILED**  
**Jul 08, 2014**  
**Secretary of State**

I the undersigned, being an owner in the above fictitious name, certify that the information indicated on this form is true and accurate. I further certify that the fictitious name to be registered has been advertised at least once in a newspaper as defined in Chapter 50, Florida Statutes, in the county where the principal place of business is located. I understand that the electronic signature below shall have the same legal effect as if made under oath and I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, Florida Statutes.

KHAI LE

07/08/2014

\_\_\_\_\_  
Electronic Signature(s)

\_\_\_\_\_  
Date

**Certificate of Status Requested (X)**

**Certified Copy Requested ( )**