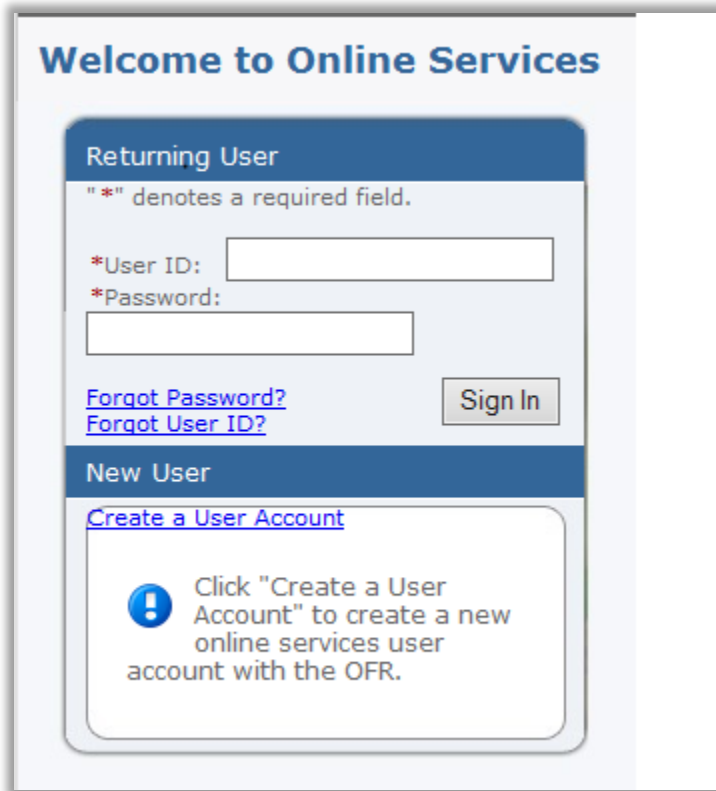


To renew your license/registration follow the steps below:

1. Go to: <https://real.flofr.com/datamart/languageChoice.do>
2. Login to Online Services by entering your User ID and Password:



Welcome to Online Services

Returning User

"*" denotes a required field.


*User ID:

*Password:

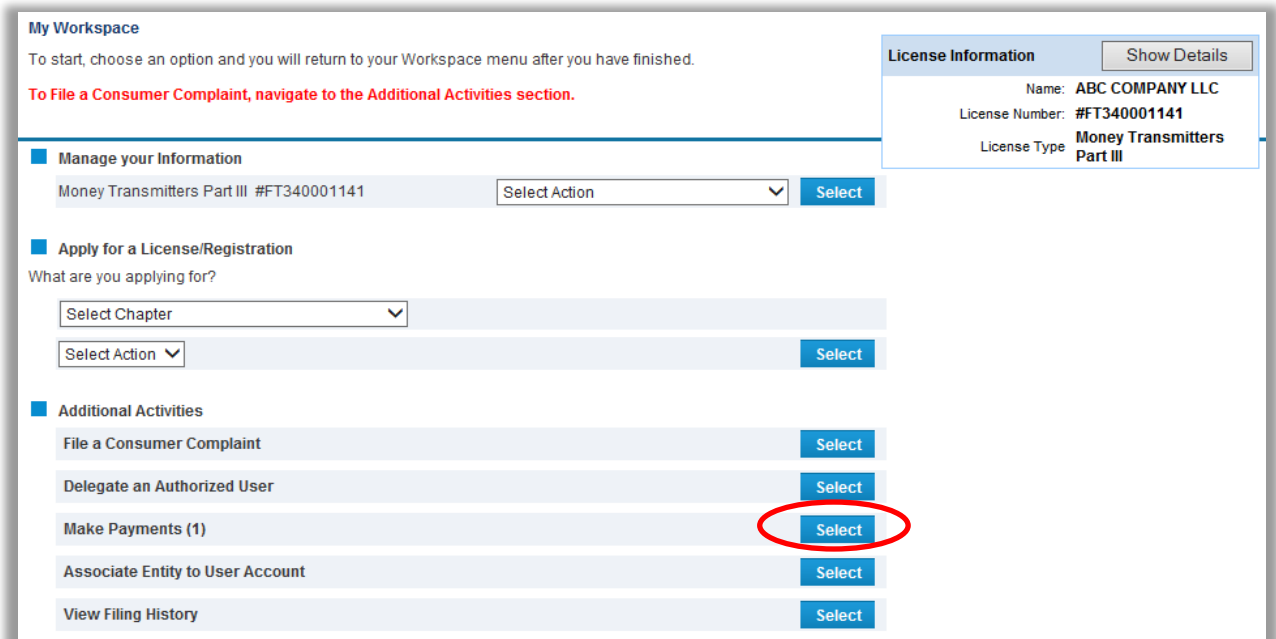
[Forgot Password?](#) [Forgot User ID?](#)

New User

[Create a User Account](#)

 Click "Create a User Account" to create a new online services user account with the OFR.

3. From the "My Workspace" page, locate the "Additional Activities" section. Go to "Make Payments" and click the "Select" button to the right.



My Workspace

To start, choose an option and you will return to your Workspace menu after you have finished.

To File a Consumer Complaint, navigate to the Additional Activities section.

License Information

Name: ABC COMPANY LLC
License Number: #FT340001141
License Type: Money Transmitters Part III

Manage your Information

Money Transmitters Part III #FT340001141

Apply for a License/Registration

What are you applying for?

Select Chapter

Select Action

Additional Activities

File a Consumer Complaint	<input type="button" value="Select"/>
Delegate an Authorized User	<input type="button" value="Select"/>
Make Payments (1)	<input type="button" value="Select"/>
Associate Entity to User Account	<input type="button" value="Select"/>
View Filing History	<input type="button" value="Select"/>

4. On the payment screen, ensure all licenses/registrations you wish to renew are selected and click “Next.”

Online Application Payment

If your company has an ACH block on its account, you will need to provide your financial institution with the OFR's Company ID number prior to submitting your payment. Failure to do so may result in your ACH payment being dishonored and additional fees being assessed.

The Company ID/Authorization number to be used in connection with a **Consumer Finance** filing is 2728181190. If you have questions for the Division of Consumer Finance, please call (850) 410-9895.

The Company ID/Authorization number to be used in connection with a **Securities** filing is 2728181191. If you have questions for the Division of Securities, please call (850) 410-9500.

The Company ID/Authorization number to be used in connection with a **Financial Institutions** filing is 2728181101. If you have questions for the Division of Financial Institutions, please call (850) 413-9519.

The Division of Financial Institutions **only** accepts ACH payments.

The OFR does not accept ACH Debit transactions from accounts located outside the United States. Users may choose to make payments via credit card. Please contact the OFR at (850) 487-9687 for further assistance.

Select the applications and/or miscellaneous charges you wish to pay for and click "Next" to continue.
Click "Cancel" to cancel the payment.

License Number	License Type	Transaction Type	Address	Fee	Select All/Deselect All
FT340001141	Money Services Businesses Part III	Renew FT3 License	123 APPLICATION WAY TALLAHASSEE 32301	\$375.00	<input checked="" type="checkbox"/>

Next **Cancel**

5. On the “Confirm Payment Details” screen click “Next.”

Confirm Payment Details

Select payment method and click "Next" to pay for these applications.
Click "Cancel" if you do not wish to continue with the payment.

License Number	License Type	Transaction Type	Address	Fee
FT340001141	Money Services Businesses Part III	Renew FT3 License	123 APPLICATION WAY TALLAHASSEE 32301	\$375.00
Total				\$375.00

Next **Cancel**

6. Select the payment method you wish to use and click “Make a Payment.”

Select Payment Method

Please choose the method of payment.

Pay by Credit or Debit Card

Pay by Personal Check

Pay by Corporate Check

Make a Payment

- Enter the required information for the selected payment method and click “Continue.” (See below for examples of the 3 payment option screens):

Example 1:

Required fields are highlighted with an asterisk.

Payment information:
Amount:* \$375.00

Please enter the following information about your payment method:

Cardholder's Name:*

Cards Accepted:

Card Number:*

Signature Panel Code:*

Expiration Date:* MM YY

Billing information:

Address Line 1:*

Address Line 2:

Country:* United States

ZIP Code:*

City:

State: --Select One--

Receipt information:
 Email Address:

By clicking on the provided checkbox, you are giving Florida Office of Financial Regulation permission to process this payment in the amount displayed above on your behalf.

Example 2:

Enter Payment Information

Routing Number Account Number Check Number

Required fields are highlighted with an asterisk.

Payment information:
Amount:* \$375.00

Please enter the following information about your Bank account:

First Name on Check:*

Last Name on Check:*

Routing Transit Number:*

Account Number:*

Confirm Account Number:*

Type of Account:* Checking Saving

Address Line 1:*

Address Line 2:

Country:* United States

ZIP Code:*

City:*

State:* --Select One--

Receipt information:
 Email Address:

By clicking on the provided checkbox, you are giving Florida Office of Financial Regulation permission to process this payment in the amount displayed above on your behalf.

Example 3:

Enter Payment Information

DESCRIPTION	AMOUNT	1001
YOUR BUSINESS NAME HERE		
YOUR CITY STATE AND ZIP		
PAY TO THE ORDER OF		
CASH		
TOTAL DOLLARS		
DOLLARS		
CHECK NUMBER		
FEDERAL RESERVE SYSTEM		
0010014 0000057894C 4345578*		

Check Number Routing Number Account Number

Required fields are highlighted with an asterisk.

Payment information:
Amount:* \$375.00

Please enter the following information about your Bank account:

Company Name:*

Routing Transit Number:*

Account Number:*

Confirm Account Number:*

Employer Identification Number (EIN): (e.g. 00-0000000)

Type of Account:* Corporate Checking

Address Line 1:*

Address Line 2:

Country:* United States

ZIP Code:*

City:*

State:* --Select One--

Receipt information:
 Email Address:

By clicking on the provided checkbox, you are giving Florida Office of Financial Regulation permission to process this payment in the amount displayed above on your behalf.

8. Verify your payment information is correct and click “Confirm.”

Please verify the following information:

Amount: \$375.00

Card information:

Cardholder's Name: John Doe
Card Type: Visa
Card Number: *****1111
Signature Panel Code: ****
Expiration Date: 1/2020

Billing information:

Address Line 1: 123 Payment Way
Country: United States
City: TALLAHASSEE
State: Florida
ZIP Code: 32301

Email Address: Licensee@flofr.com

Is this information correct?

9. On the next screen, you will see the total payment amount. Click “Submit.”

This transaction is subject to a Service Fee of \$9.38.

Payment Amount: \$375.00
Service Fee: \$9.38

Total Amount: \$384.38

Two transactions will appear on your bank statement, one in the amount of \$375.00 and one in the amount of \$9.38.

10. If payment is successful, you will be directed to a payment confirmation screen. You will have the option of printing an online receipt by clicking “View PDF Summary Report” or continuing by clicking “Next.”


Online Application Payment Success

Click "Next" to return to your Workspace menu.
Click "View PDF Summary" and print this page for your records using the print function of your browser.

Amount Paid: \$375.00
Transaction Identifier: 2324482
Trace Number: 22788

Application Number	Description	Applicant Name	Fee
FT3-50275	Renew FT3 License	ABC COMPANY LLC	\$375.00

[Next](#) [View PDF Summary Report](#)



11. Once completed, you will be returned to your “My Workspace” page.
12. The renewal is now complete.